The American Journal of Clinical Medicine

Dependable Therapeutic Fact For Daily Use

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Blessed be the Unsatisfied

Don't be too contented! However pleasant your surroundings, however placid your relations with your fellows, however self-satisfying your opinions—don't let them put you to sleep! Wake up, Brother! Contentment far too often is just intellectual stagnation. Don't be a slave to authority, a blind follower of precedent, clinging, through all these pregnant, progressive years, to the outlived methods and ideas of a long-dead past. Such contentment will bring you poverty instead of riches, contempt instead of honor, oblivion instead of success. Perhaps the germ of great achievement slumbers in your heart, because you are—contented!

Be unsatisfied—but cheerfully and hopefully so! Let dissatisfaction be a spur to greater effort—and may it drive you till you are weary—till you have accomplished something worth living for. See more, study more, learn more, determine more, achieve more! Search ever and everywhere for the truth. Let no opportunity escape that can help you onward and upward; but,

"Grasp the skirt of happy chance,
And breast the blows of circumstance."

This is why Clinical Medicine lives—to foster this spirit of "unsatisfiedness," that its readers may reach out for greater knowledge of things medical and thus accomplish more for their patients and for themselves. Isn't this a mission worthy of your effort? Your help?

AUGUST 1907

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The American Journal of Clinical Medicine

A Monthly Journal Devoted to Accuracy, Dependability and Honesty in every Department of Medicine and to the Safeguarding of the Doctor

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FROM DR. BRYANT'S ADDRESS

An extract from the address of the president of the American Medical Association, at the Atlantic City meeting, showing the variability in quality and strength of many galenic preparations, and the "therapeutic disaster" which it may involve

THE presidential address of Dr. Joseph D. Bryant, at the Atlantic City meeting of the American Medical Association, is one of the finest we have ever heard. Get the Association *Journal* of June 8 and study it. Take the following extract as a sample:

"That the crude drugs and standard preparations approved by the United States Pharmacopeia and prepared and exploited by reputable pharmacists should, in all instances, be found trustworthy admits of no denial.

"It appears, however, from the reports of the Board of Health of New York City, on the analytic findings, incident to the examination of crude drugs, tinctures, fluid extracts, etc., as compared with corresponding standards adopted in the United States Pharmacopeia, that reputable pharmacists have, because of commercial indifference, or studied intention, not infrequently contributed to therapeutic misfortune through the quality and strength of their drugs. I will call your attention to only a few illustrations which are an emphatic earnest of the need of general scrutiny of the pharmaceutical part of our therapeutic armamentarium.

"It is a matter of general knowledge that aconite is a drug of potent nature and in comparatively common use. Of this drug five of the thirteen samples analyzed were of the tincture and fluid extract of the root. Of the three specimens of the tincture one had 9 percent more, and of the remaining two 6 and 20 percent, respectively, less of aconitine than the standard requires. The two samples of extract of the root had 13.5 and 25.5, respectively, more aconitine than is required. The remaining six samples were of the powdered root which in no instance was sufficiently abnormal to call for admonition. The samples of belladonna showed, respectively, from 35 to 45 percent less of mydriatic alkaloids in the powdered extract of the leaves, 11.5 percent less in the fluid extract of the root, 17 percent more in the tincture of the leaves and 47.5 percent in the fluid extract of the leaves than is required by the United States Pharmacopeia. Powdered nux vomica was found to be comparatively worthless, but in the tincture and fluid extract was revealed an excess of strychnine above the required standard of 19 and 17 percent, respectively. In the tincture of opium was found, of morphine, 7 to 13

percent more than the accepted standard of composition."

"All roads lead to Rome," and all fair-minded investigation of the galenic preparations leads to the active principles. Why, oh why should we continue to use remedies which from their very nature must vary so enormously, and to obtain which in reasonable uniformity it is necessary to bring to the standard by adding the alkaloid if too weak, or by diluting if too strong?

Self-distrust is the cause of the most of our failures. In the assurance of strength there is strength, and they are the weakest, however strong, who have no faith in themselves or their powers. —Bovee

THREE-FOURTHS OF OUR GRADUATES UNFIT TO PRACTICE?

It's easy to say smart things, and their truth depends often on the point of view. We may say just as easily and truthfully that there is not, never has been and never will be a man really fit to practise medicine. But as was to be expected, the quacks and their ilk have been quick to take the remark up and give it currency as literally true and a confession of incompetence on our part. It was a silly thing to say in the first place. Emphatically, it is untrue, in any sense in which it can reasonably be taken. The vast body of practising physicians in the United States is better qualified on the average to perform their main professional duty—attend the sick—than is the profession of any other land. The graduate of today is better trained in many respects than ever before, his principal deficiencies being due to the neglect of some essential branches due to the unwarranted importance placed by the examining boards on less essential matters. The lapses and gaps in college courses are in due time made up in the field of practice by the native talent of the men and the ample means of improvement offered by post-graduate schools, journals and books that pour in an unceasing stream from the press. The man who has just received his diploma does not know it all, by any means; but he does know enough to make a beginning, to know when he needs counsel, and he has a thinker in his cranium and will in most cases make good.

Compare these unwise utterances with the charges to his pupils made by such men as Gross at commencement: "Do not imagine your education is completed here; we only start you on your studies and show you how to proceed. Your education will, we trust, continue throughout your life."

Men forget the steps by which they have arrived at their own knowledge and it seems as if they have always known things quite recently acquired. Examiners usually fail to realize what may justly be expected of candidates. Instead of asking a practician of twenty-five years' standing the origin and insertion of all the muscles in the body, the examination should be so directed as to ascertain what use he had made of whatever opportunities in practice he had had. Proficiency in chemistry and laboratory manipulations should be taken as a certain evidence that he is unfit to practise medicine, for he must have neglected clinical study to retain such matters.

LEGISLATION IN 1905

In Dixon's fine address at Atlantic City there was a resumé of the principal sanatory and medical legislation of the year. From this (*Jour. A. M. A.*) we also take the following account of the campaign against tuberculosis inaugurated by this great health commissioner, who is showing what can be done in sanitation by a competent man in a place of power.

"The scheme which we are outlining in Pennsylvania for this purpose is a comprehensive one. It contemplates utilizing the great forest reservations of the state for the purpose of hospital or sanatorium treatment. It is proposed to have two colonies at widely separated points that they may be accessible from different parts of the state. Instead of massive structures of brick or stone, we shall erect a large number of frame cottages, each of which will accommodate but a comparatively small

number of patients. Somewhat apart from these will be an infirmary for those in the more advanced stage of the disease. In this building those to whom we can not hold out hopes of recovery will be afforded shelter and the comforts of a home in the closing days of life, and this extension of relief will be more than justified in the fact that we are removing them from their confined, crowded, ill-ventilated and often impoverished homes at the time when they would be most in danger of communicating the disease to other members of the family and the greatest menace to the public.

"After recovery, the male patients will be offered opportunities for work in forestry, for which they will be entitled to their board and clothing, for a sufficient time to test their strength and the reality of the cure. Men whose previous occupations have been such as to create irritating dust, such as saw sharpeners and stone cutters, will be urged to seek permanent work of a less objectionable nature, and patients of both sexes will be counseled to find, so far as possible, opportunities for work in the country.

"Entirely distinct from this enterprise, which is so elastic as to be capable of almost indefinite expansion, while it reduces expenditures to a minimum compatible with the best results, is our plan to establish in each of the sixty-six counties of the state a dispensary for tuberculosis, also under the direct supervision of the department of health. The object of these dispensaries will be twofold: First, that many patients who might be unable to leave their homes for a prolonged stay in a sanatorium could frequently come here for advice in regard to matters of diet, medication, when needed, and the open-air treatment, so far as it is possible of being carried on at home. Second, they would also receive careful instruction in all the precautions necessary to be observed for the protection of others; and their compliance with these instructions would be made an essential to their continuing to receive state treatment. In fact, 'the dissemination of knowledge relating to the prevention and cure of tuberculosis and for the study of social and occupational conditions that predispose to its development' is expressly noted in the act creating the system as one of its important objects. I am proud as a Pennsylvanian to be able to state that our legislature has just appropriated the sum of one million dollars, to be used in the manner indicated, at the discretion of the department of health, and has at the same time authorized the selection of one or two tracts of land, within the boundaries of State Forestry Reservations, to be devoted to this object."

As a rule we take men to be more dangerous than they really are. Fools and sensible persons are alike harmless. It is only the half-foolish and the half-wise who are the most dangerous. —Goethe

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PRESUPPURATIVE STAGE OF AMEBIC HEPATITIS

Major Leonard Rogers, I. M. S., (*The Lancet*, London, April 13, 1907), described sixteen cases of fever, nearly all accompanied by acute hepatitis and leucocytosis of peculiar type. This he regarded as the early stage of hepatitis set up by an active or a latent amebic dysentery. This commonly passed on to the stage of suppuration and then constituted amebic abscess of the liver, so common in tropical countries. In nearly all these cases large doses of ipecacuanha were administered (in spite of the absence of all symptoms of dysentery in nearly all of them) with a view to curing the latent disease in the large bowel, which, according to his view, was the cause of the hepatitis present. The result had been the rapid cure of the hepatitis and of the dysentery, when present, the early cessation of the fever, and in all probability the prevention of the cases drifting on into the very fatal suppurative stage of the disease. In a few cases there were no actual symptoms even of hepatitis, the cause of the fever being entirely obscure, until an examination of the blood revealed the leucocytes and led to the adoption of the ipecacuanha treatment, with the result that the fever subsided rapidly, as in other cases.

Dysentery, however, should be regarded as a symptom and not as a disease. There were several forms of dysentery, the two most defined being the amebic and bacillary dysenteries. In amebic dysentery ipecacuanha might be regarded as a specific, whereas in the bacillary form the drug was of no service.

It has been settled that the virtues of ipecacuanha in dysentery reside in the emetine, and not in the acrid emetic principle, cephaeline. By employing pure emetine we avoid the vomiting, and secure exactly the effect we desire. If properly administered, adults can take one grain at bedtime without nausea. The writer has just found a patient's stools swarming with amebæ. The man had dysentery ten years ago, has had repeated attacks of illness since, and has possibly spread the amebæ far and wide. It is notable that despite the popularity of quinine in amebic dysentery, the Indian surgeons cling to ipecacuanha.

Der Arzt vom neuesten Datum
Braucht den Patienten nicht;
Nur das Blut, Se- und Exkretionen,
Was er spuckt, uriniert und erbricht.
In Retorten und Mikroskopen
Erblickt er der Krankheit Spur
Und bestimmt im Laboratorium
Die Art und Weise der Kur.
—Dr. Gustav Schirmer, N. Y. Med. Monatsschrift

CHINESE SPECIFIC FOR THE OPIUM HABIT

From the daily press we learn that the Chinese are taking radical steps to abate the opium habit. It is claimed that a specific has been found, consisting of the leaves of a certain plant, of doubtful identity. An infusion of this plant, it is claimed, will cause complete disgust for opium. In Siam an anti-opium society has been formed which dispenses this specific free. Dispensaries have been opened especially for this remedy, and it is claimed that in a few short weeks over 14,000 people have been cured of the opium habit in the Kuala Lumpur district alone, while in the same district the demand for opium has fallen off two-thirds. Something of an hysterical frenzy has taken possession of the stolid Orientals, who seem determined to eradicate the habit at any cost. What is there in it? We don't know, but we fear the "specific" may prove like others to be no "specific" at all. We await more trustworthy information.

Meanwhile we strongly suspect that the rosy accounts published are the work of the advance agent, and that in due time the new cure will be presented to the public, at so much per.

"FUNDAMENTAL PRINCIPLES OF RIGHT AND WRONG"

In the editorial department of the June number of *The California State Journal of Medicine* Editor Jones nicely illustrates Robertson's timely article upon "The Earthquake Shock Considered as an Etiological Factor in the Production of Mental and Nervous Diseases," which appears in the same number. Since the upheaval a year or more ago, there have been a succession of outbreaks of mental and moral aberrations among the denizens of the wobbly metropolis by the Golden Gate. This "exhibit," just referred to, lends credence to the theory that in the disturbance something important was jolted loose in the Jones think apparatus.

To wit: Jones purloins from an editorial in the May issue of CLINICAL MEDICINE one solitary sentence which he lifts out of its context in such a way as to completely distort its meaning. This he pounces upon with avidity and attacks with all the fierce abandon of a bull-pup in an encounter with a teddy bear.

"G-r-r-r—Wow! Wow!" This is perfectly awful—won't some kind gentleman stop the terrible slaughter?

The sentence which occasions all the commotion is as follows:

"There are certain eternal, fundamental principles of right and wrong, however, which should govern everybody; but advertising is not based upon such fundamental principles."

Using this as a text Editor Jones hurls a furious philippic at our unoffending heads, because presumably we are "agin" morality in advertising. If he had read the whole editorial, or even the whole paragraph in which this sentence occurs, or *even* the qualifying sentence that follows, we cannot conceive that he would have been guilty of that gross breach of the common decencies—garbling other people's editorials.

However, wishing to put the kindest possible construction upon this aberration, we rise to explain, using so far as we can only words familiar to children in the second reader, or easier.

Everyone knows that it is wrong to steal, and to lie, and to bear false witness —also, to garble and distort other people's words—but not everyone thinks it wicked to use—and advertise—listerine, and Buffalo lithia water, or even castoria. The value of these things and the truth of the claims made for them are matters of individual opinion and cannot be settled by any appeal to "fundamental principles." Even Jones, by saying that these things are wrong, or thinking so, cannot create an advertising decalog, the verity and immutability of which everyone else will admit. We all acknowledge the obligation of the "fundamental principles of morality" which forbid stealing, lying, etc., but the application of these principles to advertising is so difficult that no two persons will apply them exactly alike. Amid this enormous diversity as to advertising ethics is it within the province of one man to say that *his* ideas and practice are fundamentally moral, while those of another are not? We do not think so—and that is what we tried to say in the objected-to editorial.

And this brings us to a story, *not* warranted to be new or even true:

"Help! Help!" cried an Italian laborer near the mud flats of the Harlem river.

"What's the matter there?" came a voice from the construction shanty.

"Queek! Bringa da shov'! Bringa da peek! Giovanni's stuck in da mud."

"How far in?"

"Up to hees knees."

"Oh, let him walk out."

"No, no! He no canna walk! He wronga end up!"

The trouble with Jones is that while he thinks he is right, he is wrong end up. His friends should hurry to his aid and dig him out of the mire of suspicion, rancor and hatred which is stifling his life-work, and turn his face to the stars. The world is not all evil and it will be worth his while to see some of its goodness as well as some of its badness, for

> "There is so much bad in the best of us,
> And so much good in the worst of us,
> That it hardly behooves any of us,
> To talk about the rest of us."

SECRET REMEDIES

We have repeatedly positioned ourselves in the matter of secret remedies. We are against them. The physician has no business to use anything in the treatment of the sick which he can not use intelligently; and he can not do this with substances of which he knows nothing. The whole trend of the times in therapeutics is toward greater exactness. How can we expect to do satisfactory work with remedies of unknown composition or doubtful strength? Of course we can not. The logical thing, therefore, is to have nothing to do with such remedies. That is just commonsense, unadulterated and unadorned.

If the above is true of one class of remedies it is true of all. Not a few of the official remedies are practically "secret" to the average man. It is just as foolish to use a galenic of doubtful quality, uncertain strength and variable active-principle content as to use a proprietary remedy of similar undependability. The sensible thing to use is the remedy which is *always* of the same strength and which under the same conditions can be depended upon to produce always the same results. That's why the active-principle movement is taking on new accretions of strength every day.

This is not meant as a reflection upon the U. S. Pharmacopeia, the tendency of which is and has been upward, to raise the standard of official remedies, but to

state our belief that all remedial agents, recognized and unrecognized, official and unofficial, must be measured by exactly the same standards. The physician has a right to demand of all these things: honesty, uniformity, efficiency. That, in our opinion, is the only right and square basis for comparison. What say you?

Arts and sciences are not cast in a mold, but are found and perfected by degrees, by often handling and polishing, as bears leisurely lick their cubs into shape.
—Montaigne

"EVERY WINNER MUST HAVE THE PUNCH"

Many years ago we sat in a court room where a case was presented in which we were interested. Our friend's lawyer arose and stated his case in a quiet, ladylike manner; the judge promptly overruled him and he took his seat. Then the plaintiff awoke to a sense of the gravity of the situation, and secured an adviser whose retainer was $500. He was a big man with a powerful voice and the imposing manner of a commanding personality. The case came up again, the great lawyer said the same things to the same judge, and the latter—apologized because the previous presentation compelled him to send the case to a jury, which under his instructions acquitted without leaving its seats. Law, which should be as certain and unyielding as the multiplication table, is far more wobbly than medicine.

In all walks of life the successful man must know, and must be able to drive home his knowledge into the minds of his audience. All the science of a Corbett is as nothing beside the "punch" of a Jeffries. Cultivate the punch. Study the art of being forcible and convincing, of carrying men's minds with you. Wisdom must be backed by strength. Persuasion must establish harmony between man and man, and we must, like Paul, be all things to all men to win some.

There is everything in the presentation of an idea. As a rule it is best to strip it of every adventitious circumstance, every sparable adjective, and point it like an arrowhead. Then give it the wings of the wind, the swiftness of light, and put to its flight the force of the hurricane. Given sufficient speed, and a tallow candle may be shot through a plank. Would the Darwinian theories ever have been more than the amusement of the learned if Huxley, the greatest master of dialectics, had not given the movement the force of his powerful personality and broken through the entrenched and embattled opposition? When we reflect on the nature of that opposition, the religious sentiment, the natural repugnance of man to acknowledge his undeveloped kindred, the impossibility of harmonizing the new thought with the old, we are amazed that the theory ever did succeed.

Force is to wisdom as the steel head to the lance.

DRUG-THERAPY OUR CITADEL

In some parts of Europe, notably in Wurtemberg, the laws governing medical education provide that after his first year the medical student may do simple surgical operations like amputating a finger or toe, after the second he may take away a hand or a foot, after the third remove an entire limb; but only after the completion of his four-year course may he attain the highest privilege of the profession, the *summum bonum*, and prescribe a drug.

In many of the states laws have been enacted providing for various sectarian and fragmentary forms of practice, when votaries may be licensed to do almost anything in medicine, except give drugs. This one privilege has been restricted to ourselves, notwithstanding the asseveration that nobody, not even ourselves, wants to give drugs. Medical practice has run into the experimental, mechanical and innumerable non-drug forms, so that this one remaining exclusive privilege has been held in contempt.

But just see what an opportunity it gives us: Accept the situation and make the best of it. Develop the drug-therapy which

we are permitted to monopolize. Leave the osteopath and chiro and optician and the rest to work along the lines they have invaded, but as soon as we turn to our own proper work the wave of popular favor will desert them and leave them stranded. It has been mainly our endorsement of their methods that has given them their vogue; remove this support and it will collapse.

Study drugs; develop drug-therapy; make of our exclusive possession al that there may be of value in it; and relegate the fads and fancies to their proper place as accessories for exceptional application.

Incidentally some of our number may learn to realize the fact that there is in drug-therapy about nineteen-twentieths of the entire art; and that when possibilities now presented are worked out this proportion will be vastly increased.

Drug possibilities exhausted? My dear man, you haven't as yet the faintest glimmering of an idea what possibilities there are in drugs. We who have been studying them for years are only beginning to realize this.

THE BLUES? ONE OF THE "WHYS"

A gentleman, in apparent health, has sudden attacks of intense depression of spirits. He will be in the best of temper when suddenly there will come over him a wave of despondency, without warning, and he will absolutely fear to trust himself alone with any means of self-destruction within reach. There are no business or social difficulties, in fact no worries of any sort. Questioned about the cause, he declares himself to be wholly ignorant of any sufficient reason for the reason.

This is the tale that is told me on reaching the patient. Examination shows a healthy man of middle age, well nourished, his face free from evidences of illness or worry, his domestic environment ideal, in fact the only thing with which we can find fault is too entire an absence of causes of anxiety for any man to enjoy. It is Polycrates of Samos again.

One small, inconsequent worry there is —an occasional anal pruritus; and this gave the desired clue. Were the bowels regular? Certainly; he took every morning a sufficient dose of a popular saline, which kept his alimentary canal flushed. Nevertheless the stools were just then offensive and possibly not as free as usual. An enema of soapy water was administered, and a large quantity of black, offensive matter evacuated. On the instant, almost, the despondency left him and his usual happy look returned.

It seems that a simple saline is insufficient when there is a marked tendency to the retention of feces in the colon. A minute dose of aloin, or of cascarin, or a grain of phenolphthalein, or a little physostigmine, anything that will stimulate peristalsis slightly, is required. The enema habit is undesirable but it does not harm to flush the colon occasionally, once or twice a month, as a precaution.

Nothing great was ever achieved without enthusiasm.
—Emerson

SOME OLD-TIMERS

It will be long indeed before the newer remedies, the arms of precision, will entirely replace the older formulas. The latter have grown out of a recognition of a particular clinical condition, based not on the pathology but on the observations in the sick-room, and the actual applications of the chosen remedies. These may have been suggested by some conception of the pathology, probably erroneous and certainly long since abandoned for more modern views; but the formulas retain their place in practice because they have been found useful.

The new method starts with a clear conception of the pathologic state, and to this proceeds to apply certain medical agencies that exactly counterbalance this aberration from the normal physiologic balance and restore harmony between the disturbed functions. It is a new therapy that is thus formed, a better one, and easier, because

founded on a correct and rational method. But it *is* a new therapy and not a modification or a substitution of the old. If this is once comprehended it is easier to develop the matter.

Here is an old formula dating back to Greenough, early in the preceding century, and possibly old then: Potassium chlorate, one dram; hydrochloric acid, strong, half a dram; mix in a 4-ounce vial and then add tincture of iron chloride two drams, and water enough to fill the bottle. The fumes of chlorine are disengaged when thus compounded and saturate the mixture. This is a useful remedy in diphtheria and other affections of the throat, and when given undiluted in dram doses will usually abort a commencing acute pharyngitis in a few hours. Many physicians who have learned to dread diphtheria and believe in the efficacy of local remedies when really potent and applied in the inception of the malady, have this combination in their families, with instructions to use it at the first sign of throat trouble and then send for the doctor. No harm is done, the surface colonies are destroyed, and precious time is saved while the antitoxin is coming. Nascent chlorine is no mean germicide.

Just now this "enthusiastic" advocate of active principles finds himself writing many prescriptions for: Sodium carbonate and sodium sulphocarbolate each one dram, wine of ipecacuanha two drams, tincture of hydrastis four drams, and aromatic syrup of rhubarb enough to make six ounces.

For the summer digestive troubles of childhood there is exceeding peace in this old combination, a modification of an ancient eclectic formula known as "neutralizing cordial." In the earlier stages of that series of morbid processes that ends with cholera infantum, a dram of this mixture repeated every two hours will carry out of the alimentary canal the decomposing food and vitiated secretions, and restore a healthy, normal action of the entire digestive glandular apparatus. The alkali neutralizes acids, the sulphocarbolate restrains fermentation and decomposition, ipecac through its emetine incites normal digestive secretions, hydrastis gives tone, by berberine, to the connective tissues of the alimentary canal, relaxed by the heat, etc., and through the hydrastine to the vessels of all parts of the body. The spices act as carminatives and antiseptics, and arouse the dormant vitality of the intestinal mucosa; while the rhubarb aids emetine in inciting secretions, and is first laxative, ridding the bowel of noxious matters, and later astringent, checking any disposition to undue wasting. The whole forms one of the most effective and well-balanced formulas of the old sort, and it will be long before our modern agents can be as effectively combined. True, most of the ingredients may be replaced by their alkaloids, and rhubarb is possibly fully represented by juglandin—but it will be many a year before this has so endured the test of trial in practice, and we have acquired a like skill in its application, to make it the safe and certain agency in our hands the old mixture has proved in these cases.

Thirty years ago the greatest physician in the United States came to aid the writer with a case of advanced nephritis. The patient had had uremic convulsions, and as the great man saw the fatty casts from her urine he remarked, "She's a goner!" Last June we saw that patient, fair and healthy, surrounded by the family she has since reared. That was our first experience with the absolute skimmed-milk diet and this formula: Sodium acetate one ounce, chloroform and benzoic acid each one dram, water to make twelve ounces. Dose, a tablespoonful every four hours as long as albuminuria persists. That has been our treatment for nephritis of the desquamative type ever since, and the recovery is but one of so many, that our prognosis in such cases is not very gloomy. In fact, it has brought on our head the reproach that "Dr. —— believes drugs will cure everything;" varied by the equally appreciative remark that "desquamative nephritis is nothing but a catarrh. I'd as leave have it as a bad cold." Thanks—we'll choose the cold.

How can that formula be replaced by active principles? Frankly, we do not know. We do not know that we want to replace it. Why should we, when we have such a record of results during a third of a century?

The next generation of clinicians, who may know nothing of such prescriptions, will possibly employ arbutin, and veratrine, and glonoin; *and* after a while will return to the absolute skimmed-milk diet; and they will build for themselves a new therapy from their own materials—did you ever reflect that the destructiveness of the boy is largely due to the fact that he uses things for *materials* out of which to construct his own creations? At first they are ludicrous and look like the destruction of good things to make trash—but wait. He is learning, and in time possesses himself of the knowledge that to you seems obvious, but which you also learned in the same destructive way. Possibly in time our prescription edifices may excite in the minds of our descendants the same admiration with which we view some ancient temple, and wonder how they did it with the crude appliances of that early day.

Are you worsted in a fight?
Laugh it off.
Are you cheated of your right?
Laugh it off.
Don't make tragedy of trifles,
Don't shoot butterflies with rifles—
Laugh it off.

Does your work get into kinks?
Laugh it off.
Are you near all sorts of brinks?
Laugh it off.
If it's sanity you're after,
There's no recipe like laughter—
Laugh it off. —Eliot

THE CULTIVATION OF DRUG PLANTS

In a reprint issued by the Department of Agriculture, True gives some interesting details about the cultivation of certain drug-plants in the United States, from which we take the following items:

"From the most ancient times mankind has turned to the plant-world not only for foods and fibers but also for medicinal substances to combat his physical ailments; and, in spite of the important contributions made by chemistry, and in later days by organotherapy, to the materia medica, the vegetable kingdom still forms the most important single source to which the physician turns for disease-counteracting substances.

"Much of the supply of these plants is imported, and very little is produced by cultivation. Many of our most valuable drug-plants have been almost exterminated by ignorant and heedless collectors. Several of our most noxious weeds encumber the land and impoverish the farmer instead of being utilized. Millions of dollars are sent abroad annually to pay for crude drugs that are grown under conditions of soil and climate that can be found in our own country. Some of these plants will soon disappear from our materia medica unless they are domesticated and cultivated. The utilization of weeds would check their spread, apart from their income production."

Golden seal, or hydrastis, has been urged for some time on the attention of our farmers by the Department of Agriculture. This root is quoted in the last number of *The Pharmaceutical Era* at $1.80 to $2.10 per pound. At the latter price it is worth $4,200 per ton, which beats hay a little. Hydrastis grows in the shade, in rich soils, and is propagated from root cuttings. It seems worth while for men who have small patches of woodland, or gardens that can be shaded by sheeting, to take up this costly plant. With hydrastine at $6 an ounce, and berberine at $3.60, and the uses of the root increasing yearly, there seems little risk of overstocking the market.

The bark of the cascara sagrada tree is quoted at 24 to 28 cents per pound, and the demand is great and increasing, at home and abroad. The Department predicts a shortage before long, as the native tree is being exterminated rapidly. Senega root is quoted at 75 to 80 cents per pound, and is rapidly disappearing. So is echinacea, but none of the recent drug-lists quote it. Wormseed cultivated in South Carolina

yields 500 pounds or more per acre, and is worth now 20 to 25 cents per pound.

It is difficult to avoid raising stramonium, the dangerous Jimson weed; but as this contains not only atropine and hyoscyamine but the scarce and costly alkaloid hyoscine, it may be that the plant will be utilized. All parts contain these alkaloids, and are of value. The leaves are now worth 22 to 27 cents per pound, and the seeds 15 to 20 cents.

Poke berries bring 20 to 25 cents and the root 16 to 20 cents—the latter representing $320 to $400 per ton, which again beats hay. Even burdock roots are quoted now at 25 to 30 cents per pound, and possibly a ton at $500 to $600 may tempt some reader to save the product of his fence corners and cattle yards.

The Department is also trying to push the cultivation of the opium poppy, the camphor tree, licorice, belladonna, digitalis, etc.

English aconite leaves bring $1.25 per pound, while a better variety goes to waste on our western prairies. A ton of boneset tops is worth $400, and the same price is offered for butternut bark or root, while the garden marigold flower is valued at $1,600 per ton. If the southern boy wants to see the circus, what's the matter with him collecting a few pounds of cotton-root bark and getting 30 cents a pound for it? The cranesbill, or wild geranium, Culver's root, goldthread, grindelia, and innumerable other native plants offer encouragement to exertion and the study of native botany, by similar prices—and just suppose the boy stumbled on some ginseng, at $7.50 to $9 per pound! Even the truant, who is sentenced to a weary afternoon eradicating the plantains from the lawn, might find consolation if he knew the selling price of the root when properly dried.

WHAT'S THE USE?

The editor wrote: "Time flies. The sun of June comes bravely out and the earth grows warm with the promise of her bountiful blessings;" and felt as if he had perpetrated something pretty fine. But an irreverent old chap, who has no soul and consequently could not appreciate the beautiful, returned the item garbled in the following shocking manner: "Time flies. The sun of June comes bravely out and the earthworm grows with the promise of her bountiful blessings; for the time to fish is here!"

If you feel like getting up a lynching bee for the criminal, the editor will gladly join. And the dickens of it is—now it's July!

The actualization of truth is the only standard which can be used as a criterion of civilization.

—Paul Carus

THE SUMMER COMPLAINT

Here we are the people. While some of our alleged leaders are showing their silliness running after sera, we are just continuing to do as we have done for more than a quarter of a century—cure every case.

It's so simple a matter—just an acute infection of the alimentary canal, within easy reach of antiseptics administered by the mouth and readily cured by them if rightly given.

Don't neglect the hygiene of the house and surroundings. The infant is especially prone to be injured by foul air. And while about it, don't neglect the most deadly of toxic matters, actually inside the child and sending its poisonous stream into the blood continually.

Clear out the bowels; give castor oil, rhubarb mixture, saline laxative, calomel, anything that will clear away the great mass of nastiness and lessen the work of disinfecting what's left. We prefer to give calomel, gr. 1-12 every half hour till six doses are taken. This allays nausea and begins the disinfection. Follow with the best of all-round antiseptics, the sulphocarbolates, repeating every half to two hours, and continued till all bad odor ceases from the stools. If the diarrhea is very loose give zinc sulphocarbolate, gr. 1-6 to 1 every hour. If there is much gastric irritation and acidity give sodium

sulphocarbolate, a grain every half hour. During convalescence and in cachectic states give calcium sulphocarbolate, same doses as sodium salt.

After the worst is over we must restore healthy digestive secretions, and here we need juglandin, gr. 1-6 every two to four hours. Rhein here represents rhubarb, and emetine stands for the desirable element of ipecacuanha. Give a granule of each, add one of zinc or calcium sulphocarbolate, and another of berberine, and you have an admirable combination for baby, or for children up to six years of age, to be repeated an hour before each meal or every two hours if unhealthy intestinal conditions persist.

Yes, but suppose the poor babe has not had an active-principle doctor until at death's door, and we are called in consultation. True cholera infantum—dejections, incessant and ricewatery, abdomen shrunk and epigastrium hot, forehead hot, eyes sunk, pulse too weak and small to be counted. Excessive pneumogastric nerve excitation demands the great pneumogastric sedater, atropine: give gr. 1-1500 or more hypodermically, and repeat every half to one hour till the face flushes. Soothe the fiery mucosa of the large bowel with hot enemas containing a good plenty of bismuth subnitrate, or if need be, a little argentic nitrate—gr. 1 to eight ounces.

We once stood by and heard a doctor who didn't believe in these ideas, tell an agonized mother to give baby a little whisky, as that was all that was possible—and he let the child die, too haughty to take a word of suggestion. The doctor who lets any child die of summer complaint, or cholera infantum, is morally responsible; no such death is unavoidable.

BILIARY TOXEMIA

In his work on autointoxication one of the most interesting chapters Bouchard gives us is devoted to the role of bile as a systemic poison.

The quantity of this secreted each twenty-four hours averages about 800 Cc., and may reach 1,300 Cc. We are quite sure that when morphine is taken from a habitué, there are quarts of bile poured out. Contrary to general belief, cholesterin is not toxic. Bilirubin is precipitated by the acid chyme and rendered insoluble. After various transformations the biliary acids result in dyslysin, insoluble and harmless.

These being the toxic elements of bile, we can see why, despite the free reabsorption, toxic effects do not follow, even when the kidney is not very permeable. But these changes are neither immediate nor constant, and some of the toxic elements may escape and be absorbed as such. These, however, as has been shown by Schill, are again intercepted by the liver and thrown into the bowel for elimination.

Bouchard found that it required about 5 Cc. of bile per kilo to kill an animal; and man secretes about 1,000 Cc. each twenty-four hours, enough to kill three times his weight. Less than half this quantity is eliminated by the kidneys in this time. Volume for volume bile is nine times more toxic than urine. The toxic nature of bilirubin is shown by the fact that decolorizing bile by carbon removes two-thirds of the toxicity, and proved by direct experiment, rabbits being killed by doses of 5 cg. per kilogram. Each of the biliary salts is but a tenth part as toxic as bilirubin.

But the kidneys do not remove much of the toxic elements of bile, which are neutralized in the intestines, liver, tissues and blood. The tissues fix the bilirubin, the blood consumes the acids. When bile in its entirety enters the general circulation, part is excreted by the kidneys and the rest goes to tint the tissues, skin, connective, hepatic cells, muscular fibers, vitrious humor, epithelium, synovial and serous fluids. When the discharge of bile is suddenly stopped, it is often twenty-four hours or more before jaundice can be detected. Long before this, bile has appeared in the urine. But animals are killed in a few minutes by an intravenous injection of bile, without jaundice or bilious urine. Death ensues before there has been time to color the tissues. If bilirubin alone is

injected, intense jaundice is caused in the few minutes before death occurs. Jaundice without poisoning may occur if the injection or reabsorption is slow.

If all the bile secreted by a man in eight hours were at once injected into the blood, death would result. This is prevented by incessant renal elimination and the slowness of reabsorption. As the coloring matter becomes fixed in the tissues, it is for the time harmless.

When the liver itself has undergone fatty degeneration from the retention of its acids, a new train of symptoms results from the failure of the hepatic functions. The albuminoids remain and urea diminishes; this being nature's diuretic, the renal function is impaired and a new danger presented. In fact, the greatest danger in jaundice lies in the impairment of the function of the kidney.

The tremendous importance of the kidney as an eliminant, and the imperative necessity of thorough study of its functions, are apparent. Certainly we have been right in insisting upon the necessity of attending to these matters as a routine. When any man seeks to belittle the importance of this study, and the necessity of relieving the kidneys by preventing unnecessary absorption of toxins from the alimentary canal, it may be set down as a certainty that that man has not given this subject due attention.

And the man who wins is the man who hears
The curse of the envious in his ears
But who goes his way with his head held high
And passes the wrecks of the failures by—
For he is the man who wins.
—Baltimore News

HEMORRHAGE

In *The Chicago Medical Recorder* Dr. Geo. W. Webster, under head of "The Medical Treatment of Hemorrhage," says:

"There are two circulatory systems, the systemic and the pulmonary. The systolic blood-pressure in the systemic circulation amounts to about 135 mm. of mercury, while the pressure in the pulmonary circulation is about one-third of this. The activities of the heart vary widely from moment to moment. The relationship of arterial pressure in the systemic circulation to venous pressure is expressed in the law which says: "All those conditions which tend to diminish the difference in pressure between the arterial system on the one hand and the venous on the other increase venous pressure." In other words, a high arterial pressure means a low venous pressure; a low arterial pressure means a high venous pressure. The physiology and histology of the pulmonary circulation and the relationship of the latter to the systemic circulation are not matters in which there is a consensus of skilled opinion. For example, what effect does a rise or fall of blood-pressure in the systemic circulation have on the blood-pressure in the lungs? Concerning this very important question, upon which rests the scientific treatment of hemoptysis, Francis Hare of London says: "The experiments of Brodie and Dixon seem to show that the pulmonary arterioles are destitute of vasomotor nerves and that, consequently, agents which promote constriction of the systemic arterioles tend to cause pulmonary engorgement. Hence it is that agents which promote dilation of the systemic arterioles will tend to cause pulmonary ischemia."

"The viscosity of the blood, according to Dr. John H. Watson, is about five times that of distilled water; and he says that it may sometimes, in disease be ten times that of water. This increased viscosity of the blood favors its coagulation and increases work for the heart. Lessening the viscosity tends to lower the blood-pressure and to diminish the work of the heart.

"The viscosity of the blood is increased by excess of CO_2 in the blood, alcohol (Burton-Opitz), nitrogenous foods (Burton-Opitz, quoted by Watson), salts of calcium, strontium, magnesium (A. E. Wright), by hydrastis, and by cold water baths, the hot air bath, adrenalin, gelatin, alcohol, and chloroform.

"Bleeding from the lungs occurs chiefly in two diseases, mitral, and pulmonary

tuberculosis, the latter disease furnishing 84 percent of all cases.

"What are the conditions in hemorrhage from pulmonary tuberculosis? The viscosity of the blood is below normal, the heart-action is increased in frequency, its efficiency impaired, the blood-pressure low. The indications are: absolute rest, in order to lessen the frequency and violence of the respiratory movements, increase the viscosity of the blood, and, if possible, lower the blood-pressure in the pulmonary circulation.

"The first two of these conditions can be effectually met by keeping the patient in bed, lying on the affected side; by the administration of morphine, 1-4 grain hypodermically, by the giving of ten drops of chloroform in water; and, later, the viscosity of the blood may be increased by the administration of calcium and hydrastis, and a meat diet. If these means do not avail, then recourse may be had to the hypodermic injection of three ounces of a 2-percent solution of fractionally sterilized gelatin, or by the use of normal salt solution given in the same way. In the intervals between the attacks I employ syrup of Dover's powder instead of morphine.

Cerebral Apoplexy

"The conditions are usually high blood-pressure, degenerated vessels and often interstitial nephritis. In all cases the pressure is higher than the retaining power of the vessel-wall. Lower the blood-pressure to prevent further escape of blood by use of nitroglycerin and amyl nitrite pushed to the limit. Maintain the lowered pressure by strong purgatives, like croton oil, by iodides, citric acid, warm baths, aconite, thyroid extract, and chloral hydrate.

"The following are contraindicated: Calcium, ergot, adrenalin chloride, digitalis, hydrastis, cold baths, iron, gallic acid.

Typhoid Fever

"In this disease there is ulceration with consequent hemorrhage. Secure absolute physical and mental rest and arrest intestinal peristalsis. To secure rest, the drug of drugs is morphine in at least 1-4-grain doses. Adrenalin chloride is valuable, as it contracts arterioles, arrests peristalsis and stimulates the heart.

Hematemesis

"Indications: Rest, local styptics, morphine, adrenalin chloride, hypodermically and by mouth, gelatin, ice by mouth and locally, hydrastis, chloroform water.

Hemophilia

"I have obtained best results from the long use of calcium sulphide.

Epistaxis

"If the patient is over thirty, with recurrent attacks, examine the urine and blood-pressure. The hemorrhage is simply a danger signal and should be heeded."

I know of a land where the streets are paved
With the things we meant to achieve.
It is walled with the money we meant to have saved
And the pleasures for which we grieve.
The kind words unspoken, the promises broken,
And many a coveted boon
Are stowed away there, in that land of somewhere—
The land of "Pretty Soon".

SHOULD PHYSICIANS DISPENSE?

It has been found to be a common practice among the smaller druggists to leave their stores in charge of almost any clerk whom they could employ cheaply, whether the clerk was registered or not. Most of the clerks had had not the slightest training for such a business, although they were frequently called upon to dispense drugs which, if improperly taken, would produce quick death. Some of the proprietors themselves were not registered pharmacists and knew nothing about prescription work, but depended upon their subordinates.

"One man admitted that when he left his store he told his clerk to fill prescriptions by giving small vials from the contents of larger bottles containing harmless patent medicines, and said that he had designated what patent medicines were to be used. He said that no harm could come to the purchaser because the medicines he listed contained no poison.

"Another druggist had a prescription standing, and filled virtually all the orders which came from physicians by giving his customers some of his ready-made 'medicine,' which contained a few harmless ingredients."

How long has this kind of thing been going on?

—*The Pacific Pharmacist.*

Respectfully submitted to Mr. Hallberg with the suggestion that while Pharmacy is

reputable in the aggregate, there be some druggists to be found from whose shoulders the angelic wings have not yet sprouted. To those who may not be acquainted with the journal quoted, it is only necessary to say that the Editor-in-chief is W. M. Searby, and one of his Associate Editors is Albert Schneider.

Truth is a torch, but it is a huge one. This is why we all of us try to steal past it with blinking eyes, and afraid lest we may be burnt. —Goethe

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STATE MEDICAL EXAMINATIONS

In the preamble to a proposed act submitted to a state legislature we read:

"Whereas, The safety of the public is endangered by incompetent physicians and surgeons, and due regard for public health and the preservation of human life demands that none but competent and properly qualified physicians and surgeons shall be allowed to practise their profession—"

These words place in clear and unmistakable terms the reasons actuating the representative bodies in instituting these boards for the examination and licensing of physicians. The sole reason adduced is the protection of the people against incompetent practicians.

There is not in any of these acts a solitary word that can be wrested into a plea for protecting the present physicians of the state against competition from others immigrating into the commonwealth.

Yet in the practical operation of many of these laws they should of right be entitled acts to exclude all experienced practicians from the commonwealth and let in only the recent graduates. In one such examination reported to the writer every experienced practician was rejected and every new fledgling passed. Does anybody believe that this truly represented their relative fitness to be entrusted with the lives of the sick citizens? One of those rejected was a man whose writings had been instrumental in saving hundreds of lives.

It is generally assumed that the members of a state legislature are necessarily ignoramuses and grafters; the fact is that they are almost invariably men with a whole lot of good horse-sense, and that of a practical kind. Put this matter to them squarely, and it will soon be evident that they well know how many kinds of a fool a man may be and yet have his noodle crammed with school lore that he hasn't the brains to use. It takes something more than a store of facts to make one a real doctor.

State medical examinations began in the state of Illinois with John H. Rauch, and he has had worthy successors. Dr. Egan has shown himself the sort of man who will not be tempted by the cheap glory of "superior scientific eminence," as displayed by the exclusion of the greatest percentage of candidates; and he has also shown his sense of justice by allowing the old doctor a percentage for his years of experience. Herein is the germ of the right and just way of dealing with this matter. Let the young graduate show what he has made of the superior advantages he gets from the modern college course, but let the elderly practician show what experience has done for him. As it is, the student, in order to securely fit himself for the coming state ordeal, must put away from him all temptation to give time to anything but the topics on which he must pass; practice, surgery, materia medica and therapeutics must be left till he is at work. Is *that* protecting the people?

The practical working of the present system is compelling the established doctor to stay where he is. His health may fail, his wife become tuberculous, his child pine for the change of climate demanded, but he is chained to his present locality as much as the Russian serf in the days before emancipation. He is debarred from contributing his share in the upbuilding of new commonwealths; and from that free circulation of the population that has rendered our people so homogeneous—the strongest bond of union between the states.

It is impolitic; it is unjust; it is wrong; and it ought to be righted.

Don't sit down and say Amen, but do something. Bring the matter before your legislators. Make it a subject of debate

in your local societies. Let your voice be heard, and you will find there are plenty more that see it as you do. Better by far no law at all than one the administration of which renders it nine-tenths vicious.

Willst du dich selber erkennen, so sieh wie die andern es treiben;
Willst du die andern versteh'n, blick in dein eigenes Herz.
—Schiller

AS WE LOOK THROUGH COLORED GLASSES

We have become so accustomed to hearing nice things said about our work from people who look at us through rose-colored glasses that it is a refreshing change to get an observation through a pair of frankly red ones. We get the latter, all right, in the June number of *The Bulletin of the American Pharmaceutical Association*. Hallberg, in his editorial denunciation of CLINICAL MEDICINE, reminds us forcibly of the horses of Holy Writ, for out of his mouth, also, "issues fire and smoke and brimstone" —so to speak.

The fault that the professor mainly finds with us is that this journal "lets no opportunity pass to tintillate [whatever that may be] its venomous pen against the retail druggist and the great medicinal standards, the U. S. P. and N. F." He also assumes that it is trying "to break down the often frail bond between pharmacists and physicians." Also a few others, equally erronious and far-fetched.

This month we are making a Herculean effort to be real good (not too good—just "middlin'"). Therefore, another explanation:

Item I. Heretofore we have not appreciated the fact that we were in the "tintillating" business; we are sorry and won't do it again—that is, we think we won't; being rather uncertain as to the exact meaning of the word, we'd rather not promise. Our pen is an ordinary steel one, but good and true is the hand that pushes it, and though blunted at times by hard work it is as true in intent as the thought of the heart that prompts its travels.

Item II. We have not a particle of enmity for the retail druggist; furthermore, instead of trying to break down the bond between the druggist and the physician we want to strengthen it—not however in the way the lion proposed to lie down with the lamb, i. e., with the lamb inside. We believe that the average physician will do better by himself and by his patients to dispense emergency remedies; we also believe that he should be his own master in this matter, being governed by his own best judgment—and coerced by no one. With that reservation we stand by and for the druggist as well as the doctor.

Item III. The U. S. Pharmacopeia and National Formulary, in the creation of which Professor Hallberg has played so important a part, are splendid examples of American scholarship. They are records of the past, and as such of inestimable value, and every physician should have a copy of each. But they are *not* the final word in medicine; they do not mirror the active, progressive, present; neither do they venture to forecast the future. And while professing admiration we feel we must persist in our refusal to fall down and worship.

Item IV. Professor Hallberg quotes from an editorial in CLINICAL MEDICINE a statement concerning a bill introduced in the Illinois legislature to exempt official remedies from the operations of the food and drugs law. We objected, not seeing why any favoritism should be shown this class of remedies. Here is where we make the *amende honorable*. Our information regarding this law came from the daily press and seemingly was defective. It seems that the bill was intended to exempt the U. S. P. and N. F. preparations, as well as physicians' prescriptions, from the label requirements, if containing the interdicted drugs—alcohol, acetanilid, etc. "The blatant editor" thanks Professor Hallberg for calling attention to the error.

Item V. Professor Hallberg credits us with the claim of discovering the alkaloid

of cactus—"cactine" he calls it. When and where have we made that claim? One careless statement *has* appeared in our literature, this through an oversight, i. e., calling cactin an (in the singular) active principle. This is not technically true. Cactin is a concentration from cactus grandiflorus, containing to the best of our knowledge and belief several principles, all as yet apparently essential to best therapeutic effect.

Item VI. The inquiry which he makes concerning "the change in the name of the alkaloid of aconite by this alkaloidal company since the U. S. P. became effective." This we fail to understand. No change in the name of this alkaloid has been made by us. We have recommended both the crystalline and amorphous alkaloids, giving the preference to the latter, for at least a dozen years.

That's all. We do not propose to work ourselves into a passion over any of this delightful persiflage. Every man who plays his part on life's great stage must expect his share of rotten cabbage as well as of American beauty roses.

PHYSIOLOGIC SHORTCOMINGS AND THERAPEUTIC PROGRESS

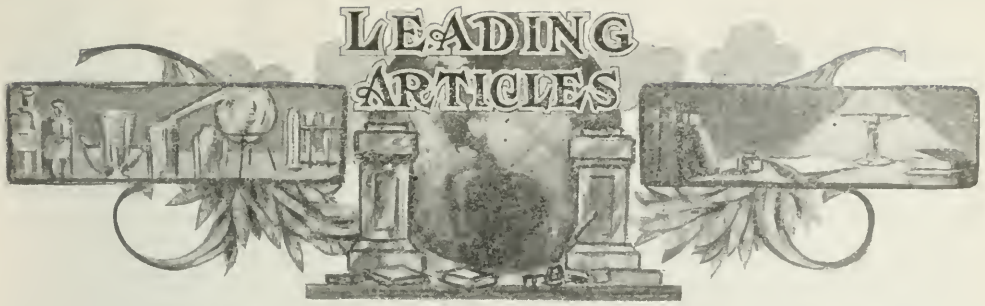
In *The Monthly Cyclopedia of Practical Medicine* appears Dr. Sajous's paper read before the American Medical Editors' Association at Atlantic City, June 1. In this paper he ably discusses the shortcomings of prevailing medicine. He quotes Osler's caustic criticism that "we are putting drugs of which we know little into bodies of which we know less," and this statement, if acknowledged to be true, Dr. Sajous thinks must involve the sweeping conclusion that we are ignorant of the very nature of disease as well as of its treatment. He set himself to the task of finding a solution of the problem and came to the conclusion that the difficulty lay in our knowledge of the physiology of the human body.

The study of the great physiologic enigmas, such as the nature of respiration, the nature of nutrition and the manner in which function is incited in an organ, led Dr. Sajous finally to a careful investigation of the internal secretions, particularly of such little-studied glands as the thyroid, adrenals and the pituitary. In the results of this study he believes he has found the key to the situation, and the remarkable way in which his theories work out in practice give promise that his discoveries may lead us to therapeutic principles of the utmost value to our profession. The first volume of his work on "The Internal Secretions," which appeared several years ago, gave the great underlying principles of his hypothesis; a second volume, now soon to appear, is to give the application of those theories in practice. It promises to be an epoch-making book. We shall later refer to it more in detail; but we advise our readers to be on the watch for its appearance and to study it carefully.

Nostra sine auxilio fugiunt bona. Carpite florem.
—Ovid

TREATING DYSENTERY

In a good paper in *The Medical Era* Dr. M. B. Tuller presents an excellent illustration of the treatment of a disease by fitting remedies to the various conditions presenting, instead of seeking to devise one formula that will fit all cases. For the catarrhal type he uses aconite, for the autotoxemic, mercury and ipecac, for the gangrenous, arsenic and charcoal. His best general remedy is bismuth subnitrate. Aconite and nux cured one epidemic of fifty catarrhal cases. When colic is marked he uses colocynth in small doses. If seen late he cleans out the bowel with calomel and salines, following with bismuth, salines and Dover's powders. Strychnine and quinine are given as needed to sustain vitality, zinc sulphocarbolate for mild forms, salol and sulphur for the typhoid state, ipecac and bismuth for hemorrhage, arsenic for rapid prostration, silver for tympanites. These show the wealth of resources at the disposal of a man who is a real physician who treats what he sees to treat instead of the name of the disease.



CONCERNING THE DOCTOR HIMSELF

Some of the ruts that cause him bumps, and ways of getting out of them. Read before the Elwood Physicians' Club, February 18, 1907

By MAYNARD A. AUSTIN, M. D., Anderson, Indiana

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ONE day through the primeval wood
A calf walked home, as good calves should,
But made a trail all bent askew,
A crooked trail, as all calves do.

The trail was taken up next day
By a lone dog that passed that way;
And then a wise bellwether sheep,
Persued the trail o'er vale and steep.

And drew the flock behind him too,
As good bellwethers always do,
And from that day a path was made,
Through those old woods, o'er hill and glade.

And many men wound in and out,
And dodged and turned and bent about,
And uttered words of righteous wrath,
Because 'twas such a crooked path.

The forest path became a lane,
And bent and turned and turned again,
This crooked lane became a road,
Where many a horse bore heavy loads.

The years passed on in swiftness fleet,
That road became a village street,
And this, before men were aware,
A city's crowded thoroughfare.

And soon the central street was this
Of a renowned metropolis,
And men two centuries and a half,
Trod in the footsteps of that calf.

Sam W. Foss.

There is an old saying that "no man was ever a hero to his own valet." Unfortunately the average doctor is not able to afford such a luxury and individually he is liable to become surfeited with his own importance, since his friends say nothing but good of him and his enemies usually resort to impotent personalities.

A little more philosophy and we would deal more honestly with our profession and our professional associates. Two quotations are so pertinent to these remarks that they are given in full. "If thou wouldst advance, be content to let people think thee senseless and foolish as regards external things. Wist not ever to seem wise, and if thou shalt find thyself accounted to be somebody, then mistrust thyself. For know thou that it is not easy to make a choice that shall agree both with outward things and with Nature, but it must needs be that he who is careful of the one shall neglect the other." (The "Encheiridion" of Epictetus.)

Again do we have another Greek philosopher teach us that "to counsel honorably is to offend the citizens, and basely, the gods." (Chrysippus).

It is only too common to hear the profession of medicine condemned by its own members, many of whom treat this profession as a side-line to some other business. They usually are noninterested in medical societies, and the medical literature they receive is principally the advertisements

around the samples that are so generously distributed. This class of medical pessimists could readily be termed, "shelf-worn" or "shop-worn," and their services could be dispensed with by the community. On the other hand, it is not uncommon nowadays, in this time of easy practice, for the doctor with "hand-me-down medicines," to use a current phrase, and "ready-made" diagnosis, to have his patients seek other than medicinal relief. The blame is not to the patient; it is a reflection upon the doctor himself; for if our patients are cured by the osteopath, it means that we have overlooked some local lesion producing peripheral symptoms. If our patients leave us as general practitioners and are cured by Christian scientists, magnetic healers or faith curists, it means that we have doctored the body instead of the mind. There is some good in everything, and it is our work to bring out and utilize the little of good that may be mixed with much that is wrong, whether we find it in the teachings of the old school or the new, in osteopathy or homeopathy, in Christian science or in hypnotism.

The Old Doctor and the New

Undoubtedly we have lost in our present methods of dispensing one of the psychic elements pertinent to the success of medicinal treatment. The type of doctor who went to his shelves with a six- or eight-ounce bottle and taking down one container after another, poured a finger's-length from one, one-half inch from another, two inches of yet another, filling his bottle from a fourth or fifth, produced an effect upon his patients and gave them an evidence of his knowledge which we have lost when we give them a handful of pills.

I would not have anyone think it advisable to go back to the old days of tinctures, extracts and simple syrup. Undoubtedly, in many cases a greater knowledge of these things would be an advantage to the physician and give our patients more relief. There are many good arguments for the doctor to dispense, and many for him to prescribe. There are circumstances making one or the other impossible and impracticable. In the rural district dispensing is the rule, and in the city, the exception. Particularly do we find better diagnosticians in the city, and we find a more widespread knowledge of drugs and their specific uses in the rural districts. The average doctor, with enough cases to make him a good diagnostician, seems to have but little time to perfect a line of treatment. The doctor with few cases seems to follow a more definite course in his therapeutic methods, with the disadvantage that his diagnostic ability is limited. This has been more a fault in their training than a fault of the physician himself.

The Doctor as a Press Agent

If we would admit the truth we should have to acknowledge that, as a class, the doctors are the greatest and cheapest press agents it is possible for a patent-medicine company to utilize. Who pays for all the samples that the doctor has given to him and why are these proprietary preparations so freely distributed? If John Smith has a cold, John Smith will receive a bottle of anti-cold syrup from his family doctor, if the Anti-Cold Syrup Co. had recently left him samples. If enough of these samples are given out, the laity will find the name of the preparations that all of the doctors are dispensing, and their next step is to go to the drugstore and get their anti-cold direct. In every line of practice and for all manner of disease the doctor is generously sampled. Some of these samples are remedies of undoubted value. Others are dividend-makers for the firms that are selling them direct to the consumer or over the counter of the drugstore, after having been thoroughly introduced by the doctor himself.

Counter-Prescribing and Prescription Refills

The question of counter-prescribing and refilling of physician's prescriptions are sources of great trouble and annoyance in every community. Some druggists are honest enough to do no counter-prescribing and can possibly control the policy of their clerks in this respect, but refilling seems to be universal and a good prescription becomes a

neighborhood commodity. Where druggists counter-prescribe and refill there are two methods that will remedy the evil. One, a cooperative drugstore, owned by the physicians, or prescriptions filled by the druggist and sent to the physician who labels and numbers them and keeps his own record.

With the new era in medical teaching, the university methods that are succeeding the easy ways of the proprietary courses, the coming physician will be a man who has had from two to three years of constant and daily clinical work, not at the top of an amphitheater but at the bedside of the patient. The practicians in the near future will be hospital men—not one in ten, as is the present ratio. The interne service will be a compulsory position and not secured by merit or favoritism. Graduation and preliminary experience by no means fits a man for a successful future. His work must be even harder after he leaves school than that of his student-days. It would be better in some instances could we have some of the English restrictions placed upon our medical students. The term of service and study in the English medical schools is so long that only those of exceptional ability or ample means can secure a medical degree.

The Contract-Practice Question

There is possibly some excuse for a man who can secure a contract, effective the year round, for medical services at a dollar a month, sick or well, with extra charges for obstetrics and surgical services, for the average amount paid for medical services by the average family in the United States is twenty-five dollars a year. Of this twenty-five dollars, however, the physician receives but five dollars, while the patent-medicine man gets the other twenty. There is certainly no excuse for a man who will do lodge practice at two dollars a year. A physician speaking concerning this matter, not very long ago, said he was asked to become a member of an order, which has a lodge-physician, who receives the munificent sum of sixteen and two-thirds cents a month from each member. This physician said that he wouldn't care to have the pauper practice, but he would like to have a photograph of even a pauper out of whom he could not get more than two dollars a year.

Whose fault is it that we have these department-store doctors? They certainly realize that they are doing nothing but building themselves a free-lunch future. They can't expect their patrons, whose service is worth only two dollars a year, to value their services any higher or pay them any more when some political move causes another fellow to get their lodge-contract. The workingmen hang together when they form a union. They'll pay a portion of their small wage every week to support a brother-workman who is trying to secure more pay for his services than he is getting and who refuses to do any work until he receives just compensation. In professional work a fee bill is an impossibility. The charges should vary not only according to the ability to pay but according to the efficiency of the service. The average doctor gets the same pay in the same community after twenty years of service that he received for his first call. A man has recently been called to his great reward who prided himself on having attended nearly four thousand confinement cases, and yet he received the same fee for his last baby that he charged for his first.

The Doctor Legislating Himself out of a Living

The cost of living and every accessory to a doctor's successful practice has increased his expenses from twenty to fifty per cent in the last ten years. He is the only man who is trying to legislate himself out of a living. He is the only man whose services can be had at any hour, day or night, without money or without price. His work is looked upon with the reverence of and the respect shown the clergy. The greatest drawback to the profession are the members of the profession itself. Most of our present medical-practice laws indirectly favor the quack and make it harder for the legitimate practician. Known abor-

tionists sit with us in our medical meetings. Moral reprobates will be favored with positions supposed to be occupied only by honorable and trustworthy members of our profession. We affiliate with men who advertise themselves as specialists in "diseases of men, women and children."

Some of these days the good men of the profession are going to wake up and show that they are as strong as a labor union and can demand the same patronage and preferment as can the laborer. They can demand of the political parties that only fit men should be appointed to fill the positions given for political prestige. A few investigations by secretaries of local boards of health or coroners into causes of deaths, where the certificates have been made out for shock, exhaustion, hemorrhage or of heart-failure, in women whom every one whispers about as having died from an abortion, would make this sort of criminal practice so hazardous that it would at least be rare. To do away with the fake business practised by the many cults and pathies, we must first eliminate the elements of quackery and ignorance from our own midst. We must have better diagnosticians, a better knowledge of medicinal and other than medicinal therapeutics, a more consistent way of prescribing and more frequent consultations in obscure cases.

Gratuities and honorariums used to be the rule when the doctor had to take hay and cord-wood for his pay. His children were given half rates, and he was treated with the respect that he demanded. Nowadays the doctor gets sixty days net and two percent in ten. He has to pay for paved streets, good sewage, and filtered water, which deprives him of his business; while the farmer comes along and charges him twenty-five cents a pound for his bacon and forty cents a dozen for his eggs.

The American people want to be humbugged, and the greatest graft that ever existed is the one that has to do with the physical and mental frailties of humanity. Aesculapius and Hippocrates would certainly turn over in their graves if they could only know the bastard sons their art has borne. The leopard cannot change his spots and amalgamation will not do away with the tainted blood of a colored man. Affiliation and fraternization is well enough for the derelict who wants the opportunity to reform, but our affiliation, especially professional, should be taken away from not only the derelict, whom we have taken in and who refuses to become our equal, but also the degenerate and the unfair should be thrust from our midst when we find his practice to be beneath the ideals that have been, that can be, and that will be a part of our professional future.

THERE is one sort of man that there is no place for in the universe, and that is the wobbler, the man on the fence, who never knows where he stands, who is always slipping about, dreaming, apologizing, never daring to take a firm stand on anything. Everybody despises him. He is a weakling. Better a thousand times have the reputation of being eccentric, peculiar and cranky even, than never to stand for anything.—Success.

GELSEMININE IN THE MORPHINE HABIT

This remedy is not recommended as a "specific" or as a "cure", but as best meeting certain indications, sometimes present, the important thing in all cases being elimination

By WILLIAM F. WAUGH, M. D., Chicago, Illinois

THAT there is not and can not be any such thing as a specific remedy for a disease known as the morphine habit, is well shown by the fact that for every individual case described I have presented a new remedy.

The one thread running through the whole series is elimination. In every case there is first and always need for this process. The bowels are always loaded, the liver engorged with toxins retained in its cells, and every cell of every tissue in the body has its share of toxic elements similarly stored. Whenever the morphine inhibition is raised the cells commence to pour out this store into the blood, where it becomes active; and its action is manifested on the weakest portions of the body. Each new case strengthens my belief in this as the correct view of the pathology of the malady, as explaining the nature of the "withdrawal symptoms," and as pointing to the true therapeutic indications.

The Character of the Toxins

Here we encounter the first difficulty—the toxins stored in the body appear to be exceedingly diverse in their nature, and only to a limited extent are the evidences of their activity similar. We find indican in the urine as a rule, we see evidences of the action of mercaptan in the profound melancholy, and certain manifestations such as sneezing, aching, crawling and other paresthesias are generally present, and these are reduced or dissipated by elimination through the bowels and skin. In fact all the manifestations subside in a measure when these and the kidneys are brought up to their highest activity and maintained there. Nevertheless, in no case will this elimination suffice to carry off all the morbific elements and prevent all distress. There always remains a residuum which is manifested by some annoying symptoms.

In the series of cases studied by the writer during the past year these conditions have existed: I have taken a single case, placed the patient in charge of an experienced and amply qualified nurse, with no other patient about, and given my own attention exclusively to the study of this one case. To the pathologic conditions presenting I have sought to apply the results of studies in drug-action made during the past ten years especially. The method is of course too expensive for ordinary persons, but to those willing and able to pay for such special advantages the results amply justify the cost. I may add that the opportunity for the study of drug-action and of toxin effects likewise justifies the expenditure of my own time.

In cases already reported we have found indications for the administration of such diverse agencies as pilocarpine, physostigmine, solanine, hyoscine, maté, and always emetine, the best universal inciters of the eliminants we have yet tried. In fact we have settled down to a routine use of emetine, saline laxative and colonic flushing during the early part of the treatment in all cases. One presented conditions demanding the specific influence of veratrine, and several were distinctly benefited by cactin.

The Case of a Physician

The last case was one of the sort we like to treat—a man of strong principles, who had fallen into morphinism by endeavoring to hold up against a dysentery and continue his work as a physician in a country district. Finding himself in the toils, he determined to break away, because he "always despised

a liar and a coward, and couldn't stand it to know he was doing a thing he could not do openly." He could not look his wife or child in the face without feeling guilty.

The two principal elements of suffering when he had tried to stop the morphine were sweating and dysentery; so he was given agaricin, gr. 1-12 every two hours, with emetine, gr. 1-6, and a small dose of saline laxative at the same intervals. Every morning the large bowel was irrigated with normal saline solution, comfortably warm. His daily dose of morphine was about 12 grains, and he was given half-grain hypodermics every time he asked for them, the reduction being automatic, as his need for it lessened. It was the sixth day before he ceased to need or request any.

No Crisis in this Case

In this case a "crisis" did not occur, and the usual discharge of bile was spread over a week or more. There was a large impaction that gradually broke up, and several times an extra enema was required to relieve headache or muscular aching. Neither sweating nor dysentery occurred. Hyoscine occasionally was employed to relieve the nervousness, that indescribable restlessness for which patients usually say acute pain would be a relief, but he could not take doses larger than gr. 1-400 without distress and a tendency to delirium. Once a dose of gr. 1-50 quieted this, but again it aggravated the difficulty. Anyhow, this remedy was not indicated by the symptoms. These, during the worst periods, were fulness of the pulse with determination of blood to the head, temporal arteries full, strong and throbbing, eyes bright, pupils slightly contracted, face flushed, motor unrest and a little tendency to delirium.

Why Gelseminine was Selected

This state might have been relieved by veratrine, but the irritability of the large bowel and tendency to profuse sweating led me to select as the specific agent gelseminine. We had never employed this before, but believed it to be more directly indicated than any other remedy at our disposal. He received a hypodermic injection of gr. 1-50 at 10 p. m., and went promptly to sleep, awoke at 2 a. m., and had a similar dose; slept till 5 a. m., and had a third, which held him till morning. During the day following his pulse was nearer normal but still a little too full, and no drooping of the lids occurred to denote toxic action of the gelseminine. This remedy was given when needed during the subsequent days, and it never failed to relieve when indicated by symptoms such as above mentioned. As a rare exception, no special benefit in this case followed the use of calomel.

This man was never deprived of nor refused morphine—he just ceased to need it, and the suffering was relieved by other agencies. The prolonged hot bath proved grateful. When the hypodermics had been discontinued he felt weak, subjectively, though his pulse was still full and a shade too strong; rate 75. The weakness seemed to be located in the muscles, and we gave him for this macrotin, gr. 1-6 every hour till the soreness or weak sensation subsided, which required about six doses a day. The wolfish appetite that follows crises did not appear in this case, and small doses of rhubarb, hydrastis, ipecac, soda and sodium sulphocarbolate were given for two days with good effect. Before the end of his second week this man was fully convalescent.

Now the special point I want to make from this case is, not the use of gelseminine or of any other remedy, but the impossibility of now or ever finding any specific remedy for this disease—or any combination of remedies. If you treat these cases you've got to be your own doctor, and do your own prescribing, for each and every case, every day.

THE - RATIONAL - REALM

The physician's personality, suggestion, and the use of the active principles, the most scientific of medicaments, the most important factors in determining success in medical practice

By ROBERT GRAY, M. D., Pichucalco, Chiapas, Mexico

SCIENCE, what a magic name and mystic deity—prompter of Genius, burlesque of Ignorance. We pay thee homage and know thee not, thy matchless bequests are so resplendently sublime, vouchsafed to us, thy humble disciples, who believe in thee; thou beauty of heaven that deigns to dwell in the upper chamber of our sordid brain.

It were ridiculous to cry "Superstition" in connection with scientific faith in the face of so many splendid achievements of science that cannot be gainsaid nor denied.

On the other hand, it were shameless stupidity to pretend that the animal faculties of mere flesh and blood alone ever conceived and developed the wondrous marvels that are the heritage of this progressive age. What man is master of such divine capacity who is a stranger to the electric thrill of inspiration?

We outwatched the stars in communion with thee, Oh Science! thou radiant light of the mind, and thus become impregnated with superhuman wisdom, amid the silence of solitude, when material nature is in repose, while our carnality hears not, recognizes not, the presence of the still small voice nor sees the spirit Medicine that inspires us with that intelligence beyond and above all vulgar understanding; yet we feel within us the mystic spell of that unspeakable influence wherewithal we are linked to immortality.

Let us not insult by presuming any measure of comparison with faked spiritualism, claiming to commune with the departed spirits of the dead, but rather deal with that positive supernal element which hovers about and flashes brilliant conceptions into the sleepless brains of aspiring genius.

There is a sphere of supernal power, the natural element of men of the Edison class, but attained with supreme difficulty by many others, who are at last thus honored. But how lamentably few of our fraternity were admitted to that privileged sphere in the not remote past, while our medical science was the hopeless sluggard of earth and might never have been spurred into a spirited pace had not its dry bones and inert nerves been shaken up by violent electric shocks.

Electricity is the spirit and life, the active principle of our new therapy—the caged lightning and bridled thunder of the storm-king, tamed and reduced to obedient servitude by scientific men, a specific power delegated to mankind by the omnipotent, whose prophets are legion. And who has the heart to deny their inspiration?

Now, in the actual passing age, the great majority of physicians are under the benign influence of inspiration, however crude and embryonic be their unpreparedness; even their ignorance of the high-grade power they possess in the exercise of legitimate suggestive practice may preclude their recognition of the source of their magic, so prone are most of us to grovel in the low domain of materialism.

The Influence of the Physician's Personality

I, for one, some time ago abandoned the anchorage to my academic education, taking my personality or the suggestive guidance of the invisible light within me as my dependency, both in the diagnosis and treatment of diseases, with results often no less surprising to me than they would be incredible to most other practicians. How much my implicit faith in the process and the faith of patients in me and my medication may justly claim in the attainment of propitious outcomes, often apparently impossible, I am reluctant to affirm publicly, while I am not seldom persuaded that something more

is thus due than may be properly attributed to the virtue of any mere drug-influence.

Yet do not misunderstand me and conclude that I am of Christian science ilk, pretending to presume that medication is useless and faith the whole scheme necessary to vanquish disease; for I use the drugs with an energy and a persistency that might appall most timid physicians, when I deem such course needful—a wonderworking, almost miraculous process, when coupled to the mutual faith of doctor and patient, both active and suggestive.

My entire process of medication is suggestive, equally in acts as in words. I strive to dominate the patient by such suggestive influence, through the medium of the subjective mind, located in the solar plexus of the brain and available even when the objective mind is in repose or dethroned.

Hypnotism, mesmerism and personal magnetism were but crude advance ideas of suggestion, not readily definable bastards of our true medical science, *electricity*, *suggestion* and *active-principle* medication, the legitimate elements of scientific medical therapy, the feasibility of whose recognition and adoption was long precluded by our narrow prejudice and egotistical stupidity. The curse of medical science was its long subjection to Mede and Persian law, or a changeless principle amounting to the same thing, in blindly following a dark antiquated lead, never illuminated by one radiant beam of true science.

The Power of Suggestion

I have personally verified nearly all that the most enthusiastic writers claim for suggestive therapy or indicate as practical in suggestive medication. Imagination is a factor eminently potent in suggestive practice, with which most people are amply endowed in strength to serve the turn of the suggestor.

Years before we ever dreamed of suggestive therapy I saw a man, condemned to be shot, put under a sham process of being bled to death, who died in fifty-seven minutes without the loss of one drop of blood. He imagined that the slight irritation caused by the "click" of the lance opened an artery and that the warm water he felt running from the spot and heard trickling into a pan was blood. He was blindfolded.

I read in a French medical journal an account of a Russian railway employe being accidentally shut in a refrigerator car, who wrote on the walls his collapsing stages. When the car was opened he was dead in a temperature of 56 degrees, the mechanism of the car having been out of order all the time, so that he was in a nearly temperate element.

The London Lancet contains very interesting details of a young woman, insan , owing to miscarried early love, oblivious of the past and conscious of the present in no degree save daily and hourly watching at the window for the never-coming faithful lover, such concentric imagination unheeding the lapse of years, preserving her youthful bloom at the age of seventy-four, when she first appeared in scientific print.

Such marvels will not down at the bidding of an impatient jestor, nor vanish at the menace of any measure of skepticism.

The Basis of Suggestive Therapy

The cornerstone of suggestive medication is to dominate the image of death in the mind of family and patient, an ever-brooding specter where life is in peril, a gloom which must be dispelled, or the undertaker will conduct the final scene, no matter how able the practician or how precious his medication. When I get no smile from a desperate patient I feel pretty sure the medicable stage has passed and that the finger of decay has set the fatal seal in the vital tissue; yet, in even such hopeless case I exhaust all my skill and power in an effort to work through the subjective mind that dominates the entire scheme and mystery of life, clearly accounting for spurts of startling brilliancy frequently manifested by the insane—the soul-element bursting through the bars of casual enthrallment.

Soothe pain, cut out fever, eliminate obstructions, all powerfully suggestive actions, and work intelligently through the medium of the subjective mind, and you will have

surprising few mourners if called before vital decay destroys all possibility of saving life.

A precious value of suggestive therapy obtains in electric medication, an influence possibly rarely imagined by those who employ the subtle current in the treatment of disease.

Active principles play a high role as a suggestive element in my practice, and should do the same in that of every physician anywhere. The little tablets and diminutive granules say a thousand things to the subjective mind beyond and above their energetic work in the deranged anatomy of mankind, in a degree no other medication approximates. It is a quick and positive step from burlesque to admiration of active principles, after their power once becomes known. People talk about them in the home-circle to visitors, in the post office and the church. They do their own boosting wherever introduced and properly employed —"medicine that does not disgust one at sight and does not upset the stomach."

In Praise of the Alkaloids

Such are the eulogies these unpretentious remedies receive wherever they have had a legitimate chance to show their merit; and not one living man nor dead has ever given them more practical opportunities than the humble writer of these words. Drs. Abbott and Waugh have said a thousandfold more about the alkaloids—all legitimate and honest praise—but, still, the commendation of the patients of clinicians is the talk that counts and spreads like a flood. These gentlemen offer the profession a fair chance to prove these claims. When the latter respond with a modicum of the enthusiastic faith of Dr. Abbott the victory is surely won by chemical merit and plaudits of patients and their families and friends, where life in wondrous peril was saved by active-principle medication and its suggestions to the subjective mind.

Professor Adolphe Burggræve, of Ghent, was the royal prophet of chemistry, that peerless pioneer in practical medication, to whom we all owe so much on the score of active principles and their progressive employment. I could write on and on all night about him and never tire—a needless labor of love, as his praises have been engrossed so many times by abler pens than mine.

Hundreds of Lives Saved

Active principles have a clinical value to country doctors of precious degree. I have saved hundreds of lives with them in wild, remote tropical regions, patients who would have died before medicine could have been obtained from any drugstore. I now never write a prescription. I abandoned such a ruinous practice fully thirty-five years ago, when I found druggists practising medicine under cloak of my experience and dispensing worthless drugs to my patients. It was a very long time before the active principles came to my rescue, two mules being required to carry the equivalent of what now weighs less than five pounds.

When I arrive in the sickroom, no matter what the disease may be, I have the proper medicine at hand—the best in the world, and know how to employ it to the limit without increasing peril to life.

Amid the brilliant intelligence of the profession in my native land there should not be one practician inferior to me in any respect; yet I can put the best of you who prescribe galenics to shame in the treatment of any disease, simple, complex or pernicious, anywhere from colic to yellow-fever. All your learning, your ability to pass state boards, your ethics, your refined rules of practice count for nothing in a desperate competition with active principles in the hands of one who is a legitimate complete master of their therapy—a qualification not learned but acquired in death-grapple conflicts with the destroying angel, where consultations are impossible and disease kills when not dominated with little delay. Such self-dependence in desperate emergencies is an awful school whose lessons are repeated with fearful frequency in an extensive tropical practice where epidemics do their deadly work with fiercely quick havoc; and yet I lose no more than ten percent of my scale of death-rate when I used galenics under rules of popular practice.

I have done nothing wonderful; any practician caring to adopt rational medication can outstrip me in the same field of action. If not really stupid, I am not naturally a brilliant man. Necessity and inexorable circumstances have given me almost forcibly whatever of seeming talent that may be deemed mine, whether such is true or otherwise. I have passed forty-one years in active tropical practice, in remote rural fields, most of the time twenty to thirty miles from any other physician. I am never asleep at midnight, and have passed thousands of sleepless nights in struggles to save life, and succeeded beyond any credible degree, simply because of sterling chemicals and their proper employment, coupled with high-grade influence on the subjective mind.

I am extremely solicitous to induce readers to devote serious attention to what might be termed my foibles but which in reality are experiences more or less familiar to most readers and verified by well-known physicians. Hence I am safe from the charge of being a mere cranky dreamer. My words carry with them the sterling ring of truth which the scientific mind must respect, if not endorse. We have passed the age of scientific skepticism and must believe, however reluctantly, much that seems unworthy of credit; our new science is so surprisingly aggressive.

Do not Forget the Subjective Mind

But the scientific clinician should not forget his own subjective mind, that immortal medicine through which glints of inspiration at times give him suggestive guidance, strange to any recognizable rule of popular practice, in moments when all seems dark and hopeless. Learn the connection between the subjective mind of physician and patient and permit no interruption of the current, and trust the spell of the invisible to give the needful light. All thoughts worthy of scientific respect in suggestive therapy, emanates from the subjective mind of the clinician, penetrating and swaying that of the patient. I have found the subjective mind the only medicine through which vicious habits may be successfully treated, and suggestion the only remedy of any practical merit. It is an admirable study, an interesting practice.

I rarely fail to stop hiccough in a few minutes, save when its relation practically is a feature of the death-agony or too nearly so to admit of any means of relief.

In anemia I give some granules of strychnine arsenate gr. 1-134, and make the suggestion that appetite, digestion and bloodmaking will supervene, and often am rewarded accordingly. In fact there is not a disease nor an accident I am called to treat in which the subjective mind is not sought as an alleviating medicine, and with an abiding faith that propitious results have created and still sustain, resting on a corner-stone and foundation-base of active-principle medication.

Clinical Medicine contains monthly so many disquisitions as to the merits and uses of specific active principles that it seems superfluous to discuss the subject here in more elaborate detail. Suffice it to assure that I can verify much, really most, of the more sanguine enthusiasm indicated, while I think some new beginners say too much sometimes, ere they have had due experience; as there are a few much-lauded active principles—practically almost of a proprietary class—that have failed in my hands to justify expectations, most prominently nuclein and bilein.

Of all active principles aconitine, atropine and glonoin are those that have put the undertaker out of a job, in desperate emergencies, more frequently than everything else combined in materia medica—substances outlawed by most physicians, as innocent in my practice as carbonate of sodium. But it must be remembered that I know how to use them—a lesson every practician should master if he would win when there seems not a shadow of other hope. "If the old man with those little granules that put the stagnant heart in motion can get here in time she will not die;" such are the expressions where I am expected in desperate cases. And that faith is a precious auxiliary both to physician and medication.

NOTES ON GENERAL PRACTICE

Practical, clinical, therapeutic facts picked from the practice of an English physician, and of special interest to the general practician

By WILLIAM AYRES, B. A., M. D., Brierly Hill, Staffs, England

I THINK that it behooves anyone who wishes to succeed in general practice to look at every case that he or she attends as if his or her life depended upon the result of the examination, and to examine every system of the body and every function of each system with the most minute care, overpassing no detail, however insignificant it may seem. To do this one must be thoroughly *au fait* with the latest improvements of scientific research. This is more than necessary if one is to deduce aright the various significances to be attached to chemical and bacteriological results; and the mistakes that one makes are not so much the result of careless examination as of improper deductions. I do not think that one can give a thorough *bona fide* prognosis unless he thoroughly understands anatomy and physiology and pathology.

I look upon operative manipulation in the same way that I do upon engineering skill, simply that one has become "handy" with one's hands and tools, and I see no reason why a general practician should not perform any operation with a little practice. It seems to me that the *great* reason (among several smaller ones) why the general practician does not operate more is the prejudice in favor of the so-called "consultant." This word, like the "blessed word mesopotamia," seems to have a distinct relish for the laity. If one pays proper attention to his medical cases there is no *raison d'etre* for the so-called "consulting physician."

So much for introduction. I will now take up the different classes of diseases seriatim.

Having had to bring up my own children "on the bottle," and therefore having gone thoroughly into the matter, I cannot say that I altogether approve of the percentage system of feeding babies. Each infant seems to be a law unto him or her little self.

Waugh's anodyne and Candler's calmative have given good results for the flatulence of babies and are best given in hot water. I am a thorough believer in "dose enough," and have given half a granule of the anodyne to an infant the very day on which it arrived in this "vale of tears."

I put at least half of the diseases of infancy or childhood down to improper feeding and malassimilation of food, and in this category include pneumonia.

I think that each infant ought to be weighed at least once a week until it weighs 20 to 25 pounds. I was never able to decide whether a child was getting on or not unless I could see the weight-chart.

For the convulsions of infancy and childhood one must seek the cause. As a rule a few whiffs of chloroform are of most value during the spasms.

Treatment of Infantile Diarrhea

My opinion as to the treatment of infantile diarrhea (summer-complaint) are well known to your readers, and I would impress on my fellow-practicians again the wickedness of giving opiates to infant-children.

We are beginning to doubt the complete efficacy of antitoxin serums in diphtheria, even when applied freely within the first twenty-four hours. They seem to suit some children, but not others. I always give strychnine from the start in these cases to guard against heart-failure.

In pertussis I have had good results from calcium sulphide, the great drawback to

its use being its insolubility. In this complaint I have had excellent results from antipyrin, 2 grains every three or four hours. For local applications to the fauces the carbolic acid and iodine solutions have proven most satisfactory. The ears should be thoroughly cleansed as well as the fauces.

I have treated most successfully a case of scarlatina with kidney complications with pilocarpine in 1-67 grain doses, oft-repeated.

Most of the infantile complaints can be warded against by proper hygienic and dietetic rules.

I think circumcision ought to be performed more frequently. The dilation method is not altogether successful, having produced fibrous-like scars where the mucous membrane was torn, thus rendering the condition of the child much worse than before.

All general practicians should be experts at the removal of tonsils, adenoids, nasal polypi, and never miss a chance of removing them. The operations are simple enough. [Conserve the tonsils!—Ed.]

For epilepsy I have used verbenin and solanine. The last I saw mentioned in *The Therapeutic Gazette* some four or five years ago and gave it a good trial. The results were not at all satisfactory, and after rather a large experience in this complaint I took to the intestinal antiseptics for the best results.

The Treatment of Adults

One cannot afford to miss one single symptom, objective or subjective, and too much attention cannot be paid to the diagnostics of internal medication. The referred pains have always given me the most difficulty, e. g., the pain at the back of the neck due to enlarged prostate, the pain in the shoulder (supraclavicular) due to stomach diseases, and the pain in the heel due to renal calculi.

Indigestion I myself have been a martyr to and have found arsenite of copper taken before meals the most useful drug. Naturally, of course, one must have the stomachic contents analyzed.

In heart disease digitalis is given too frequently as a routine remedy, not sufficient account being taken of arterial tension. In fatty heart an iron preparation, convallaria, etc., are useful.

In kidney disease digitalin is much too frequently given, instead of digitoxin. Sparteine is a good remedy.

I agree with the dictum which saith that "the man who takes alcohol before forty is a fool, the man who does not after forty another."

Importance of Intestinal Antisepsis

Too much attention cannot be paid to intestinal antisepsis. One cannot make the whole intestinal canal as clean as a new pin, nor does he wish to; so long as the most malignant of the germs are "scotched," this is about the most we can expect or desire. At the same time, I have not obtained the wonderful results related by some of your correspondents. Many things are to be seen by those anxious to see them. Having been employed by the British Foreign Office I have seen practice in many lands, but I have yet to meet with the disease that was not altogether better for a good cleanout, clean-up and keep-clean. That I think should be the fundamental basis of all satisfactory treatment, more especially of all the fevers, malarial or otherwise, and of all acute diseases.

I look upon most of the disfigurements of old age, arthritis deformans, chronic rheumatism, etc., as due to autointoxication, and this I think accounts for the so-called miraculous cures of a great many of the spa treatments, where the patients are made to live by rule, as the doctor desires, and not as they themselves wish; for if one looks at all deeply into the analysis of the different waters that are swallowed with so much avidity, one sees that there is really very little difference in their composition. It is purely a matter of some very trifling percentage, and the same results could be got equally as well at home, only the cure by Jones, Brown, or Robinson does not carry with it the same *eclat* as the cure wrought by some foreigner with an unpronounceable name—the more unpronounceable the name the greater and better the cure. The same line of argument

holds good in regard to skin diseases, eczema, etc., these being regarded as due to intestinal intoxication; and I think no one ought to start on any skin disease, no matter how chronic, without at first a thorough good course of calomel, podophyllin and saline. And thorough let it be.

Treatment of Gonorrhea

In gonorrhea I always use antrophores, preferably of thalline sulphate. I object strongly to injections, but if injections have to be used, plain boiled water at least once an hour has given best results. Methylene-blue has been successful when the case is the first attack, but it seems to lose its effect with each succeeding lapse from the paths of virtue. In reference to the bathing treatment of the penis, I was once called upon to treat a case of gonorrhea in a medical student who was held down while some of his confreres applied hot applications to the penis.

For cancer I have used condurango and other drugs, but without success, and I have never seen any cure due to internal medication. For skin-cancers I have used pastes, my favorite being one containing the persulphate of iron.

In diabetes I use codeine in increasing doses, nearly always with good results, but have never found it of use in the polyuria of this complaint. I always keep such patients on a strict dietetic regimen. One must not be too anxious about small quantities of sugar in the urine; I have seen such caused by sexual excess, enlarged prostate, or small meatus.

Treatment of Phthisis

I have found treatment good only in the incipient stage and have thought that most of the vaunted cures were really of cases of chronic pneumonia.

For the nightsweats, atropine sulphate and agaricin are useful; so also is zinc oxide.

For an attack of tuberculosis, primarily attacking the larynx, the most useful treatment has been strong solutions of lactic acid; for the colliquative diarrhea arsenite of copper.

A most pleasant tincture for the cough is

Liq. morphin. bimeconat. ..drs. 2
Vin. ipecac. (aut emetinæ)
Acid. tartaric., aa .....drs. 1 1-2
Syr. rhœados, q. s. ad.....ozs. 3
Sig.: One dram when cough is bad.

[This is distinctly a British prescription. The bimeconate of morphine used to be official in the British Pharmacopeia, not in U. S. P. It is little used in this country. The percentage-strength of the liquor presumably corresponds to that of the acetate, namely 1 grain in 110 minims, or about one percent. The "syrupus rhœados" is the syrup of red poppy.—Ed.]

For asthma the routine treatment as a rule is to give too much morphine; atropine is preferable—and plenty of intestinal antisepsis.

I had a curious result from the injection of hyoscine and morphine. One tablet was injected in the buttocks for sciatica that had lasted two months. The man had two miles to walk from my surgery home and he was arrested by the police for being drunk!

Disappointed with Galenicals

I am bitterly disappointed with most of the galenicals, preferring, when possible, the active principles. A little experience with tincture of opium in 10-minim doses: One man was narcotized to such an extent as to frighten me; 10 minims of the same mixture gave another man convulsions; while 10 minims of this mixture gave an urticarial rash to a third man. Is it great wonder that active-principle medication is making such headway?

The active principles of digitalis are not used with discernment enough. I think the "trinity" is good.

Puerperal eclampsia has yielded to veratrum viride, but so far as I can see most general practicians prefer chloroform and chloral, the last in huge doses. Chloral is also useful per rectum in the vomiting of pregnancy.

I think Guyon's syringe is good for posterior urethral medication. You advise caulophyllin in rigid os. I am still looking

for these great results and prefer potassium bromide and chloral hydrate, 20 grains of each. If one has a big midwifery practice I consider a Bossi's dilator and chloroform preferable.

A Word for the Doctor

These are a few disjointed notes, put down when I had time and opportunity; but I would like to add a few words as to the doctor himself. We in this country say, "All work and no play makes Jack a dull boy," and I think every doctor ought to have a hobby. In my younger days I aspired to be an athlete and boxed, played football and rowed for my university. Now that I am older I cannot do these things, but I sing, play billiards and ride a bicycle, swim, and manage to get my share of amusement out of this life. When I was younger I was fortunate enough to obtain a commission under the British Foreign Office, and the consequence was that I was able to travel and observe practice in many lands. I have traveled in Brazil, Uganda (Central Africa), India, China, Japan and all the European countries except Turkey, and last but not least I have traveled, what I was told was "right slick," from Vancouver to New York, 3309 miles. I shall always have a kind word, Brother Abbott, for your great and glorious country and, as you say, the doctor ought to "be good for something—hustle!"

—:o:—

Doctor Ayres should be a happy man! He has circumnavigated this great globe of ours, measured up mankind and its ills from pretty nearly every point of view, then settled down to the busy, useful life of a country physician—yet not so busy as to crowd out the time for the simple pleasures that make life so much worth the living. That's where the English practician has the advantage of many of us. Here the pace is too swift, the days too short for the allotted tasks, and life has become a succession of feverish, exhausting activities. And yet I suspect that we rather enjoy it!

The doctor is just the kind of a man that we would naturally expect to "take to" alkaloidal practice. The "broadening process" through which he has passed makes one receptive of new ideas. His "notes" show its impress—that he is constantly reaching out for the good, wherever to be found, and that he is now one of the "unfenced"—an independent thinker. We appreciate contributions from men of this character and hope to have more of them from Doctor Ayres.—Ed.

SUMMER DIARRHEAS AND HOW TO TREAT THEM

How the busy general practician may treat successfully these diseases of the summer months, so common both among children and adults

By GEORGE H. CANDLER, M. D., Chicago, Illinois

AS every physician knows, there are varieties of diarrhea which present themselves only during the heated term; and at this season there is also noted a marked increase in the number of cases of diarrhea of types which may be encountered all the year around. That bowel derangements should be common during the summer months is inevitable, despite every care and the most rigid prophylaxis, but there can be no question that the more serious forms of enteric disease can be avoided to a great extent (and controlled promptly and positively when they do present) by modern methods of medication. Many of the cases of summer diarrhea which terminate fatally, in their early stages could have been easily controlled. Even

cholera infantum in its typical form (which after all is rarely encountered) will yield readily to proper therapeutic measures during the first twenty-four hours.

Children who have been prone to looseness of the bowels, during the months of July, August and September, are, under the care of the well-informed practician, enabled to pass from spring to winter without any marked disturbance of the alimentary tract. A certain increase in the number or altered consistency of the stools is to be looked for when the fruit season arrives, and with the advent of spring and "green things to eat" the average human being finds his bowels moving more freely. This is desirable and normal. Two or even three loose stools *per diem* should not be regarded as pathological, but at the first sign of enteric disorder—colicky pain, frequent passage of thin, watery or pasty, stinking stools—treatment should be instituted. The main object of this article is to outline in plain, concise terms the basic treatment for all the diarrheas which call for attention in the summer months.

The Necessity for Prompt Treatment

As a first step the doctor should impress upon his clientele generally the positive necessity for prompt treatment. He should especially explain to young mothers the importance of an early recognition of acute enteritis, pointing out the fact that in many cases life has been sacrificed simply because the doctor arrived too late.

Those who have had much pediatric experience know how often the little patient, stricken twenty-four or thirty-six hours prior with acute gastroenteritis (or cholera infantum), will succumb to cerebral congestion after diarrhea has been checked and other distinctive features of the disease eliminated. Others pass into the sleep that knows no waking from sheer exhaustion within the same period. It may be safely stated, indeed, that if early and correct treatment is called for more urgently in any one disorder than another it is in acute gastroenteritis.

This disease is very commonly and mistakenly termed cholera infantum, the latter being an entirely different and much more serious malady. The writer has not seen half a dozen cases of true cholera infantum in five years. Acute gastroenteritis, or summer diarrhea, however, is omnipresent. The symptoms vary in severity and are known to every practician. The bacteria discovered in a given case may be numerous —streptococcus, the colon bacillus, staphylococcus, bacillus proteus, pyocyaneus, etc. —any one or a variety of these microorganisms being distinguishable in the stools. As under medication the frequency of the latter lessens the severity of the symptoms moderate.

Two Forms of Summer Diarrhea

Two forms of the disorder are recognizable, one mild, the other severe. In the first case the child (who may be teething) shows signs of malassimilation; food passes through the bowel imperfectly digested, accompanied by much gas, and attacks of vomiting occur. After a day or two the vomiting and stools become more frequent, the latter bearing either a greenish-brown slime or consisting of a greenish or dirty-gray fluid. Still later there may be much mucus and it is streaked with blood. The smell of such stools is most offensive. Throughout the child is fretful and complains of cramping pains, or, if too young to do this, it draws its legs up and screams. The skin is hot and usually dry and the temperature in mild cases rises one to two degrees. Occasionally vomiting is altogether absent; in others diarrhea does not appear for some hours after vomiting and other evidences of gastrointestinal inflammation. In severe cases all these conditions are accentuated. The temperature may reach 103° F., and as many as fifteen or twenty stools be voided in the twenty-four hours. I have noticed that such cases usually begin with obstinate vomiting and the passage of one or two stools containing much undigested food. The vomitus at first contains sour food material and later is a foul fluid containing

mucus and bile. As the child is extremely thirsty and craves for water the abundance of the fluid can easily be accounted for. This disease affects alike the bottle- or breast-fed infant or the child on mixed diet; while improper feeding is without doubt the usual cause, heat and bacterial invasion of an exhausted system are alone responsible in many instances. The disease must be looked upon as mildly infectious and the stools and vomited matter should be carefully disinfected. The affected child may gradually waste and become almost a skeleton or, after a few days, the disorder abating, recover rapidly. In very marked cases death may take place within forty-eight hours. In some cases two or more such attacks occur in the one season and not at all infrequently enterocolitis sets up.

Treatment of Acute Gastroenteritis

Knowing, as we do, that the whole chain of symptoms is due to the presence of undesirable material and bacteria and that no gross pathological lesions exist, treatment is really simple, but to be effective it must be of a positive character. As in cholera nostras, we have to get rid, as fast as we can, of the fermenting, germ-breeding, toxic bowel-contents. Further, being aware of the presence in the rugæ of the intestine of millions of pathological microorganisms, we must not *put into* the alimentary tract material favoring germ-propagation. We must also exhibit in effective doses intestinal antiseptics of an astringent character. The first step is to *stop all food* and wash out the lower bowel with either a plain, cool, salt or mildly alkaline antiseptic solution. If the vomiting is marked pass a catheter into the stomach and wash it out; as this is not always feasible, give a mild solution of magnesium sulphate slightly acidulated and sweetened with saccharin. The effervescent magnesium sulphate, one small teaspoonful to the half pint of water, works perfectly. It is well to give gr. 1-10 to gr. 1-6 of calomel and gr. 1-12 to gr. 1-67 of podophyllin half-hourly for four to six doses to secure thorough emptying of the intestine and hepatic action. This is the "first thought," always. One dose should be given before anything else is done and the physician himself (unless a competent attendant is present) should then give the enema, etc. One hour after the last dose of calomel, etc., it is well to exhibit a fairly full draught of saline laxative. This serves to flush the already cleaning intestine and leaves the mucosa in good condition to withstand bacteria and absorb such nutritive material as is allowed.

During this time, if the skin is hot and dry, we have had the child sponged hourly and covered lightly with a thin flannel garment. It is to be kept in a cool, shady place. Barley-water, made thin, will prove the best drink at this period. Every two hours at least one grain of the combined sulphocarbolates of lime, soda and zinc should be given—preferably in solution. A mentholated saccharinated tablet is obtainable which serves excellently. In bottle-fed infants this solution may be given from the bottle, as also may the saline laxative. In older children the powder mixed with a little sugar of milk may be given on the tongue and a drink of boiled (or barley) water follow. Very minute doses of atropine (or hyoscyamine) are of great service during the first day: gr. 1-250 may be dissolved in six teaspoonfuls of water and a teaspoonful given every two hours. If this treatment is carried out, the next day will reveal a recovering patient.

The Importance of Carefulness

Now, care means everything: the sulphocarbolates must be continued, the lower bowel flushed and the mouth kept clean. Albumin-water, barley-water containing a few drops of fresh beef juice, or a few spoonfuls of a well-cooked cereal gruel may be given. Zwieback is safe and well liked by most children. Under ordinary circumstances this diet may be slowly but surely added to until normal feeding again prevails. Brucine, gr. 1-134, or hydrastin gr. 1-6, may be given as a bitter tonic for a few days. It is also a good plan to exhibit about the fourth day another course

of calomel and podophyllin; or in place of the latter iridin gr. 1-6 may be given hourly for four hours.

In a few cases hyperacidity is marked; here the calomel and soda tablet-triturate acts rapidly. Should the condition persist, a few doses of "neutral cordial" will promptly prove corrective. It should not be forgotten that in all these cases more or less local congestion exists; atropine is our best remedy for localized congestion, bringing, as it does, the blood to the surface. Moreover, this drug stops the excessive secretion of mucus—another desirable feature. It is always well to give fairly full doses of atropine *at once* when the skin is cold and pale; cactin and brucine (aa. gr. 1-67) will perhaps prove the best subsequent stimulants.

If the disease has progressed and weakness is marked, nuclein is strongly indicated; six to eight drops should be given under the tongue thrice daily. It is in these cases, too, that rectal injections of beef juice and starch-water prove so valuable. In those cases where the system has been deprived of large amounts of serum, enteroclysis is imperative, and here decinormal salt solution with two drams of prepared blood to the pint proves especially valuable. It is well in all well-marked cases to give thin clear beef- or chicken-bouillion for the first day or two after normal conditions are restored, returning to milk very gradually.

Cholera Infantum

The direct cause of this disease is yet to be discovered, but unquestionably there is a distinctive toxin generated and in nearly every case we can trace the origin of disorder to impure milk. Post-mortem changes of the intestine are few, sometimes undiscoverable. High temperature, profound prostration and profuse diarrhea, the stools at first being mucoid, then serous and bile-stained, mark the disease.

It has been noted that children who have shown signs of bowel-trouble earlier are particularly apt to contract cholera infantum in their second summer. The yellowish, greenish-brown or serous stools are not particularly foul but possess an unmistakable odor which, once smelled, will never be mistaken for anything else. Thirst here is intense, the body-fluids being drawn upon so pronouncedly. The nervous system is profoundly impressed, a child stricken in the morning presenting at night every sign of exhaustion; convulsions are far from infrequent, in some cases they accompany each stool. The skin often is cool and clammy while the thermometer shows a rectal temperature of 103°—105°F. The sunken eyes, depressed fontanelles and drawn mouth, together with the cadaver-like feeling of the skin, are diagnostic.

As already pointed out it is not uncommon for the physician to check the diarrhea and vomiting, only to find his little patient succumb to cerebral congestion or profound toxemia. Not infrequently young practicians mistake cholera infantum for meningitis and the mistake in every case proves fatal. Treatment here, unless instituted early, is not satisfactory and equally is this the case if the exactly proper steps are not taken.

The Difficulty of Giving Remedies

It is not always an easy matter to medicate, everything given per os being promptly vomited. However we are able to overcome this by the "small dose, oft repeated." As soon as the child is seen gr. 1-500 of hyoscyamine or 1-1000 of atropine is given in the form of solution which is dropped on the tongue. The infant is placed in a warm bath of magnesium sulphate solution (one ounce to the quart), ten drops of creolin being added. With this the entire body is sponged while the physician prepares to administer a high enema. One ounce of pure olive oil to which two drops of oil of turpentine is added should be thrown into the rectum and, very slowly, a pint of warm decinormal salt solution is injected just within the internal sphincter, pressure being made on each side of the anus with the fingers. The infant's legs and buttocks are raised slightly so as to allow the oil and water to ascend. This fluid is voided

forcibly and then with great care the doctor passes well up beyond the sigmoid flexure a large catheter attached to a bulb-syringe by a "glass dropper" barrel. (An almost indispensable irrigation outfit has lately been placed on the market by Dr. Sourwine, of Brazil, Ind., the possession of which renders this work easy.) Through this from one to three pints of a solution of the sulphocarbolates (20 grains to the pint) is thrown into the intestine. The solution should be at body-temperature or a little below. This thoroughly washes the bowel while the fluid remaining serves to inhibit spore-growth. In very severe cases this procedure has turned the tide. The child is dried well and wrapped in flannel but kept in a thoroughly airy place.

Why and How Calomel is Effective

Having done all this it is time to try further medication and (unless the case has advanced far) here again nothing will prove as thoroughly efficient as gr. 1-6 of calomel every fifteen minutes for six to eight doses. The granule, if given with cold water, is rarely vomited; the preliminary dose of hyoscyamine or atropine will have inhibited the vagus and vomiting will not be apt to trouble you. If it is extremely persistent give gr. 1-500 of atropine hypodermically. Give hourly gr. 1-3 to gr. 1 of the sulphocarbolates in solution or, failing these, gr. 1-1000 of copper arsenite. Zinc sulphocarbolate will perhaps prove preferable where the stools are very profuse and serous. However the writer rarely finds the accepted proportions of the combined salts as present in the intestinal antiseptic tablet undesirable.

Here is the one positively efficient treatment of the dread disease; children so treated will *not* die. Vomiting once controlled, a few doses of strychnine (or brucine) gr. 1-134 and cactin gr. 1-67 will improve conditions speedily; glonoin (gr. 1-134) occasionally will be required to restore a weakening heart, but as a matter of fact these few drugs will enable any intelligent physician to save nine out of ten cases of cholera infantum.

Morphine is most distinctly not indicated. Milk must not be allowed for at least thirty-six hours, the little patient (after the vomiting and purging have ceased) being given albumin-water, barley-water and freshly expressed beef juice or the prepared blood-preparations already mentioned. The latter may well be given per rectum after the first twelve hours. Nuclein also is indicated from the first and may be given in full doses with advantage. Five to ten drops may be placed in the mouth once every three hours and left to be absorbed.

Some Niceties of Treatment

Now there are here as elsewhere certain niceties of treatment which are worth knowing. The calmative for children formula devised by me is of value in all the bowel-disorders of childhood. This tablet contains hyoscyamine gr. 1-500, oil of cajeput gtt. 1-67, oil of anise gtt. 1-67, menthol 1-67, monobromated camphor gr. 1-67, and scutellarin gr. 1-32. One of these may be dissolved in two teaspoonfuls of *hot* water and ten to fifteen drops of this solution given every fifteen minutes till the skin reddens and vomiting ceases. *Get reaction, wash out the bowel* and *begin the exhibition of the sulphocarbolates* before doing anything else and you will win out. No matter how high the temperature it will come down in a hurry after these procedures. If, however, it still remains above 102°F. a few small doses of aconitine are desirable; but this drug should never be given too soon, which would be a serious error. Quite often it is not called for at all, but when it is, always guard the heart with cactin.

Warm dry flannels or other light hot applications to the abdomen are to be recommended where depression is advanced; cold may also be applied to the head in such cases.

Acute Enterocolitis

This disease often is especially troublesome during the late summer months and requires careful and somewhat prolonged treatment. Shiga's bacillus is unquestion-

ably the prevailing microorganism and the colon the seat of marked deteriorative changes. Hence the necessity for continuous medication varied to "suit the conditions present" from time to time. Not at all infrequently enterocolitis (dysentery) follows upon the heels of gastroenteritis, and sometimes the doctor is not called till this condition has become established. Children from one year old to seven are subject to iliocolitis: the older the child the more likely is it that the disorder will prove secondary.

As a primary infection enterocolitis *is not* common among reasonably well-fed children. The early symptoms are apt to be confounded with those of acute indigestion (which may coexist). There is more or less pain and swelling of abdomen; the child vomits, perhaps, and has several stools daily preceded by "gripes." The dejections at first are greenish or yellowish brown and carry streaks or are followed by mucus and blood. Later there is more mucus than fecal matter and blood may be plentiful. The seat of infection is invariably the colon but one or more feet of the ilium (above the iliocecal valve) may also suffer. Occasionally the enlarged follicles of the large bowel ulcerate and pus presents in the stools. We have then a serious condition to combat.

Under ordinary circumstances, if diet is restricted, the little patient begins to mend in from seven to ten days and slowly the stools resume a normal appearance,

When the Case Becomes more Severe

On the other hand, each day may see the condition grow worse: the temperature rises (absorption of toxins), tenesmus is marked, and after much pain small mucus and blood dejections occur. These may be frequent—even hourly. Anorexia is extreme, prostration marked, and the child assumes a skeleton-like aspect. In such cases the urine is greatly diminished and is apt to contain casts and albumin. It is not hard to realize that the organic changes here are profound and recovery is far from probable. Indeed, once such serious conditions obtain we can expect—even should we be able to control the disease process—that the child will require close attention for months. In unfavorable cases death occurs, as a rule, within a month.

Here again early treatment means everything. Modern methods instituted within the first two or three days almost invariably prove effective but great care should be taken as to the diet for the rest of the year.

Treatment of Enterocolitis

High enemata of normal salt solution, or better still, a calendulated solution of the sulphocarbolates, are essential. I have for some years utilized a preparation of calendula officinalis, resorcin and bismuth, known as calenduline, and in every case results have been ideal. Twice daily the intestinal tube is passed (for technic note "Treatment of Acute Gastroenteritis") and three pints of decinormal salt solution or a 1-500 solution of the sulphocarbolates, to which two ounces of calenduline is added, thrown well up into the colon. After *each stool* two drams of this preparation, one dram of aqueous extract of hammemelis virginica, and one ounce of water is thrown into the rectum, pressure being made over the anus with a wad of gauze. This alone usually prevents tenesmus, which usually is most troublesome when the lower bowel is most affected. Here, again, extended experience has proved the *necessity* for cleaning out the primæ viæ with small doses of calomel or blue mass and soda, followed by a saline draught.

As a first step, therefore, order calomel gr. 1-6, and either iridin gr. 1-6 or podophyllin, gr. 1-12 every hour for four doses, and one hour after the last dose give a full teaspoonful of effervescent magnesium sulphate (saline laxative). Repeat in forty-eight hours. Exhibit also every three hours hydrastin gr. 1-6, hamamelin and one or two teaspoonsfuls of a solution of the sulphocarbolates—10 grains to the ounce. Juglandin occasionally proves more desirable than either iridin or podophyllotoxin, the indication being marked relaxation and thin mucous stools. Brucine or

strychnine will suggest themselves where the disease has progressed and debility is pronounced. In all cases they will be indicated as alterative tonics during convalescence. Nuclein should be added.

The Matter of Diet

The diet must be light, nutritious and free from waste. Gelatin, corn starch, clear soups, albumin-water, jellies, beef juice, clam boullion, and so forth, will afford variety during the acute stage. Nothing known to me equals a gruel made of boiled flour. Tie two pounds of dry flour tightly in a piece of linen and boil in plenty of water for five hours. Hang up the bag to dry; remove the linen and split the doughy paste covering the dry flour. Grate fine as needed and prepare a gruel in the usual way. Arrowroot is desirable as is also the ground lentil.

It may, in conclusion, be well to call attention to the fact that glonoin and cactin will prove more efficient stimulants than brandy or whisky, which usually do more harm than good. Atropine or hyoscyamine will in nearly every case produce prompt reaction and stop vomiting within two hours. The "calmative" formula already mentioned is ideal here. Sugar and starchy foods should be given with caution for some time after the bowel has resumed normal conditions and it is well to flush the intestines every third day for at least a month. In old-standing cases it may be necessary to sustain life with small quantities of prepared blood-preparations (sanguiferrin, bovinine, liquid peptonoids) predigested cereal gruels, albuminous preparations, barley-water, clam broth and zwieback. The latter will be digested when everything else causes trouble. Massage over the abdomen is of great benefit in all enteric troubles. It should be done with the hand moistened with olive oil.

In older children, where appetite leaves early and refuses to return even after everything else seems normal, quassin gr. 1-3 and nux vomica and capsicum, half an hour prior to meals, rarely fails to produce desired results.

Chronic Catarrhal Enteritis, or "mucous colitis," is not considered here, first, because space forbids and secondly, because it cannot be considered as a "summer diarrhea." The same applies to "croupous enteritis."

Acute Summer Diarrhea in Adults

Too often it is supposed that the summer diarrhea which afflicts robust, active adults is due to *gastric* inflammation. As a matter of fact the small intestine and, occasionally, the upper part of the colon suffers.

Notwithstanding this it is always a good plan to empty the stomach with a dose of apomorphine or draughts of hot salt water when the patient knows that he has overeaten or eaten plentifully of indigestible material. Heat plus overripe or unripe fruit, tainted vegetables, meat or fish will produce an attack. Sometimes heat alone suffices, the system becoming enervated and relaxed. We have really a catarrhal condition of the mucosa to deal with and this may be caused by ingestion of cold water when one is heated, change of water or food, or overwork. Sometimes the liver becomes inactive or is overstimulated and lack of or excessive bile precipitates trouble. Should certain pathological bacteria gain access to the affected area we may have ulceration and pus-laden stools.

The Usual Symptoms

Ordinarily however the patient first experiences "crawling" colicky pains and feels compelled to go to stool every half hour. The dejecta at first are thin but fecal and are passed mixed with much gas. Usually the odor of the stools is most offensive. Later, as the stools assume a mucous or serous character, this odor is absent. More or less gurgling and rumbling can be heard in the bowels and sometimes there is tenderness over the abdominal area. No particular changes in pulse, temperature or facies are to be noted. Occasionally the patient shivers slightly, feels cold and looks pale.

In other instances the temperature may rise to 100° or 101°F. In a great majority

of cases the victim of diarrhea has swallowed some home or "patent" remedy before seeing the doctor. Usually opium in some form has been exhibited. The presence of diarrhea itself tells us that irritation, due to the presence of objectionable material, exists and the first thing is to get rid of it. Since in adults we can give appreciable doses of suitable medicines, it is well to administer gr. 1-2 of blue mass and soda or calomel and ipecac every fifteen minutes for two hours, following one hour later with a heaping teaspoonful of saline laxative or a seidlitz powder in plenty of water. We may also flush the bowel with saline solution. One of the zinc and codeine compound tablets may be ordered every two hours: the first dose however should not be given till the mercurial and saline have proved effective.

This medication together with one of the intestinal antiseptic tablets (triple sulphocarbolates) every three hours will, as a rule, check any summer diarrhea in twenty-four hours. Hyoscyamine gr. 1-250 may be given *at once* to relieve tormina or meteorism, but the zinc and codeine formula itself contains hyoscyamine and usually will prove the best remedy. It should not be given *early*, however, if there is any doubt as to the alimentary canal being completely emptied.

Remedies for the Pain

Chlorodyne, one granule with a little hot water half hourly, will relieve the most desperate cramps or colic, and, with a few doses of blue mass and soda and a saline draught, may be regarded as a generally efficient remedy. Youngsters who have eaten unwisely and too well require exactly the same treatment, together with a few doses of my calmative formula in hot water. Nothing with which I am familiar will so rapidly relieve the colic due to retained gases (fermentation).

Rarely, indeed, under such treatment will astringents prove necessary—indeed, if our technic is correct and the disorder be not of a chronic nature, *never*. Bismuth subgallate, various preparations of tannic acid and cotoin are of service in old standing cases, but even here all requirements can be met with the sulphocarbolates, atropine, strychnine, codeine and copper arsenite.

NO power in society, no hardship in your condition can depress you, keep you down, in knowledge, power, virtue, influence, but by your own consent.—Channing.

THE TREATMENT OF HYPERTROPHIED TONSILS

The signs, symptoms and significance of hypertrophy of the tonsils with a logical and successful method of treating them medicinally

By C. M. SMITH, M. D., Richland, Kansas

A DISTINCTLY noticeable fact in connection with permanently oversized tonsils, which seems to escape consideration in the various discussions upon the subject, is the existence of well-marked personal characteristics of force and individuality that accompany this abnormality of the throat in a large number of persons.

As a rule, with some exceptions, children whose principal throat-defect is that of enlarged tonsils, possess more than ordinary mental and physical capability and inclination to self-advancement. As they develop, the changes incident to and following the period of puberty, those distinguishing sexual traits which bear evidence of more elaborate nutrition, refined sensibility, and which finally add to an unconscious attractiveness of personality, become especially marked and typical.

Evidences of Tonsillar Hypertrophy

The tonsillar hypertrophy usually is sufficient to interfere mechanically with clear articulation and general fluency of speech, and there is also a tendency to bolt food and gulp fluids in eating and drinking. The tonsils, even when not temporarily inflamed or congested from the effects of cold or other systemic cause, protrude in cumbersome masses well toward the median line, causing more or less unnatural pressure around the base of the tongue. The child exhibits some outward symptoms of adenoid trouble, and nasal respiration often is seriously interfered with, especially during sleep; but from lack of opportunity for careful examination of the nasopharynx in even the few children of this class who occasionally present themselves for treatment, my rather tentative diagnosis on this point is based on outward symptoms alone.

Short Periods of Indisposition

Associated with the unusual intellectual forwardness is also an unusual tendency to short periods of indisposition, during which coordination of thought and verbal expression seem more especially difficult, and the child or young adult often is peevish, has bad breath, pallid countenance, arthritic pains and other symptoms of digestive and metabolic derangement.

These symptoms, of course, are usually noted as routine results of pharyngeal overgrowths in general, but the special point concerning the type under consideration is the coexistence of extraordinary force and capability with oversize of faucial tonsils and symptoms of pharyngeal obstruction in the same individual, as contrasted with the mental dulness and physical lethargy so universally noted in connection with similar difficulties of the throat.

Again, the number of prominent singers and public speakers who suffer at times from throat difficulties traceable to large tonsils, and concerning whom histories are often obtained of pharyngeal obstruction during childhood, adds another gleam to the already suggested physiological relationships of the condition.

Relation of the Tonsils to the General Organism

The tonsils—clusters of follicles covered by mucous membrane—present nothing in either their structure or anatomical relations to indicate that they exercise any influence upon nutrition more direct than that of a lubricant in deglutition, hence in considering the effects of their removal,

the possible factor of functional loss may not seem to equal in importance even that occasionally attributed to removal of the vermiform appendix. But the local discomforts, lowered nervous tone and comparative lack of personal stamina sometimes noted among the sequences of both these operations suggest the possibility of some undiscovered reciprocal relationship, preexisting through nervous or nutritive interchange between these so-called appendages and the general organism, and help to classify the operations as mere emergency procedures, timely but not conservatory in the broad meaning of measures tending to enhance the inherent possibilities of a patient's lifetime.

As therapeutists, therefore, it becomes our business to consider the deeper significance as well as the timely benefits of all such efforts to relieve and cure, in order that we may, whenever possible, add to present comfort and future usefulness without sacrificing any physical structure through the probable aid of which those inherent possibilities might be attained.

How Hypertrophy Arises and Develops

Hypertrophy of tonsils is usually first a congenital deformity characterized by redundancy of tissue, the result of exuberant local nutrition. Logically, such tonsils, after birth, are especially exposed to extraneous infection, followed by frequent immigrations of phagocytic cells, which, though primarily for local and systemic protection, help to maintain an excess of tissue-proliferation. The loose structure of the glands with their histological elements thus beyond easy reach of resorptive influences and of comparatively feeble cell-functionation, leaves them, as distinct organs, especially predisposed to frequent repetitions of the entire inflammatory process.

After puberty there is somewhat less average liability to troubles resulting from hypertrophied tonsils and this, together with their lessening tendency to exuberancy of growth, is an incidental indication of nature's conserving tendencies, resources and influences toward eliminating the bad by utilizing the good within the human organism, as in all other organic realms of her productive economy.

So to apply medicinal treatment in conformity with these tendencies that systemic resources may be increased and influences upon the local hypertrophy hastened and intensified, without sensibly disturbing the physiological equipoise of health, should be a gratifying achievement of modern therapeutic art.

Mercury and Iodine are among the Best Remedies

The effect of the intermittent use of mercury in "promoting absorption" of tissue of whatever degree adventitious is well known, while that of the more continuous exhibition of iodine, causing secretory activities that work to the same purpose and add to desired ultimate outcome, practically flowers out into a delightful therapeutic fact.

Add to this the positive, curative effects of nuclein on tonsillar inflammation, which no painstaking physician with proper opportunities for clinical observation can fail to notice, and we evidently have a pathophysiological picture which needs but the therapeutic touch of the skilled practician to give it a possible degree of perfection and value that no surgery of the tonsils can offer to the humane, rational, truly practical clinical observer.

With worthy facts and apparently reasonable inferences before us, well-directed and controlled clinical tests under proper conditions seem not only justifiable but actually required in the interests of sound health and increasing demands upon the capability of human endeavor.

It can readily be seen that whatever forms of mercury and iodine are used, the dosage should be limited to the combined and successive effect of their presence in the circulation upon metabolic changes, and should be repeated at such intervals as would render the effect harmlessly continuous or frequently renewed through a long period of time. As a mere forethought

in outline, based on our understanding of systemic reaction to local disturbance, I would suggest that after a short course of properly attenuated mercury, a few local applications of iodine to the tonsils, followed in turn by a course of nuclein, with the continuous internal use of an iodide in the meantime, should be considered as a routine plan.

It should also be noted, from our knowledge of age as a factor in susceptibility to treatment, that the earlier medication for this purpose be commenced the more reasonable could be our anticipations of success.

[This line of treatment seems to us admirable; in fact, we have ourselves employed similar methods with good success. Internally we have used small doses of biniodide of mercury—also arsenic iodide—with calx iodata and the nuclein. In suppurative cases we of course employ the calcium sulphide. An excellent local application is pure glycerin, but it must be applied many times a day in order to produce desired results. This simple expedient has given us excellent results. Try it, along with the other ideas suggested in this paper by Dr. Smith.—Ed.]

SKEPTICISM IN THERAPEUTICS

This important address, which was delivered before the Leeds and West Riding Medico-Chirurgical Society, is reprinted from the London Lancet of January 19

By AUGUSTUS H. BAMPTON, M. D., M. Ch., London, Eng.

SKEPTICISM is in the air. Even in this society, if any daring member has introduced a subject bearing on medical treatment it has been with an apologetic air and humble mien, well knowing that if his remarks had any reference to the utility of drugs in the treatment of disease they would be subjected to good-humored banter and received by those sitting in the seat of the scornful with amused incredulity—skepticism not entirely confined to the surgeons whose mental environment, training, and temperament would discount much of it; but the chief critics have been those of the medical household. The general practician, in the meanwhile, has said little, pondered deeply, and prescribed more or less on the even tenor of his way. Practising both branches of the profession, so far as he knows how, he may claim to be like "Iolanthe," mortal as far as the waist and immortal below. Which half of him is medical and which surgical I leave you to decide.

If I believed that we were unable to modify, arrest, or favorably influence the progress of disease by therapeutic means, then our occupation as physician has gone, and I for one would not accept the position of a kind of superior nurse, with a watching brief, which in the past eminent men in our profession (who knew too much pathology and too little pharmacology) have assigned to us. I know of no more unsatisfactory position either to client or advocate than that of holding a watching brief. And if we are only nurses, let us be honest and say so, and not accept fees for healing and wonder-working which in the nature of things we are unable to accomplish.

I do not think that at any time we were justified in assuming an attitude of helplessness or masterly inactivity. And although our treatment then, as now in part, may be stigmatized *empirical*, it was none the less founded upon careful clinical experience, and we showed shrewd commonsense in not being off with the old love

before we were sure of the new one of experimental research. There are other of our habits besides drug taking which are equally empirical; for instance, our habits of eating and drinking, clothing and giving in marriage, and these will continue in spite of the stigma of empiricism. The work done in the near past and present fills one with hope that our weapons will soon be weapons of precision.

A Revolution in Medicine

It is evident that we are passing through as great a revolution in medicine as that which has transformed surgery in the last twenty-five years, and the reason of it is that, like the surgeons, we are getting back to first principles: we are realizing in practice what we have long known in theory, that man is an organized collection of differentiated and highly specialized cells, and that cellular action is governed by physical laws and chemical processes and are profoundly influenced by slight causes, and that nine-tenths of the diseases are due to the interaction of cells and their products and germs and their products, chemistry being the interpreter of these phenomena.

Barely fifty years ago belief in drugs and energetic treatment was the faith and practice of the majority of the profession. It was the rise of the pathological school and the study of morbid anatomy that shook the faith of the succeeding generation of practicians, viewing only the last stages of disease and seeing structural alteration in the *mass*. It was thought unreasonable to imagine that any pharmaceutical product could have any influence whatever on such profound structural changes in vital organs. It was argued that the cause of many diseases being unknown, therefore the remedies were irrational. And it was noted that many patients got well from acute disease without any treatment whatever. Much more importance was attached at the examinations to pathology than to therapeutics and a pronounced agnostic frequently filled the chair of pharmacology. Morbid anatomy for the moment eclipsed clinical experience. Meanwhile it was cold comfort to the patient to feel that he was possibly viewed by his medical attendant as an interesting pathological specimen and that the macroscopical and microscopical appearance of his erring viscera was accurately known.

At this time the great rise of surgery took place. Surgery having found salvation in bacteriological cleanliness, such cleanliness being surgical godliness, surgeons mounted from strength to strength, and having amputated everything and anchored the rest, they now sigh only for new viscera to conquer. Small wonder that the surgeon who could offer active assistance was often preferred to the practician of passive resistance. But there is no progression without retrogression, and this stage in the evolution of medical science was the natural order of development and inevitable. As structure precedes function and anatomy precedes physiology, so morbid anatomy of the organ and then of the cell preceded chemical pathology and pharmacology of the cell. We are now in the chemical age and numerous workers are constantly adding to our knowledge; so much so that it is difficult for anyone to collect the facts, much more to digest them or apply them in practice. And yet, as I apprehend it, that is the particular duty of the general practician—viz., to apply new facts to old diseases.

The Study of Medicine that of Life

The study of medicine is the study of life, and its foundation stone is the unit of life, the living cell. If the mystery of life is to be solved it will be by the experimental examination of the simplest form of life. The discovery that every tissue, every cell, has its own special ferment, is of far-reaching importance in explaining much that was mysterious in physiology and pathology and accentuates again the importance of chemistry in explaining vital phenomena. When medicine and physiology are written anew, in leaded type, we shall be told the relations that one ferment bears to another. Pawlow has already done this for us as regards the digestive ferments.

And it is by virtue of this special ferment that each cell is able to select out of the food-stuffs such material as it can transform into energy. The corollary of this is true, that an organ or tissue may fail to perform its function from lack of special fuel to make the ferment. It has been pointed out that during the involution or atrophy of an organ the symptoms which arise may be due to the absorption of the tissue and its passing into the general circulation; absorption of kidney tissue, for example, produces increased arterial tension; liver substance lowers it. Recently, we have all seen the involution of an enlarged thyroid give rise to all the signs attributable to large doses of thyroid extract. It occurred to me that it was strange that during the involution of the gravid uterus that symptom did not arise; if this theory be correct, may it be that the product of the uterine tissue is the natural excitant of the mammary gland function? The degree of disturbance that arises may vary according to the previous activity of the organ or the rapid excretion or neutralization of its internal secretion.

Recent researches, I think, emphasize the importance of little things. That is well shown in the effect of abstracting lime salts from the blood, in producing hemorrhage by injudicious diet. We might have foreseen this by noting the effect of improper diet in producing scurvy. Fifteen grains of lime lactate are recommended as an antidote to morning headache after too much alcohol, alcohol producing slight edema of tissues. Another point in practice is the relation of NaCl to exudations and its effect in modifying remedies. That such simple substances either withheld or abstracted from the blood can produce such far-reaching effects, makes one hopeful of controlling the beginning of disease as our knowledge increases.

The Source of Acetonuria

It is new to me that acetonuria is derived, not from carbohydrates, but from the metabolism of fat, thus giving sanction to clinical experience that in such diabetic conditions it is not wise to withhold altogether carbohydrates from the diet. Professor J. B. Leathes says: "In practically all forms of acetonuria increasing the amount of fat in the food intensifies the condition. The disorder in acetonuria seems to consist in the failure of the organism to carry out the final steps in the progressive oxidation of the fatty acids, and brought about by overtaxing its powers."

From the same authority we learn "that fatty degeneration is not a degradation conversion of the proteids of the cells into fat, but that in fatty heart and liver the fat has been transported from the connective tissue and dumped down, so to speak, for the purpose of supplying source of energy to the organ, from where it was only storage fat, to where it would be used up if the catabolic activity of the cells were normal, but the catabolic changes which liberate energy by the demolition of fatty acids, fail, and the imported fat accumulates, because it cannot be used up. P or As, or diphtheria toxin may act as negative catalyzing agents, and retard the rate at which a reaction normal to the cells take place, and so by attacking a vital function, poison the cells by robbing them of their power of using what in normal conditions would be their principal source of energy." Again, "the catabolism of proteids takes place within the cells of the various tissues by means of enzymes native to the cell. This process has been termed *autolysis*. And these enzymes are the agents in the resolution of pneumonic exudation. The changes in the liver in P poisoning are due to autolytic activity getting out of control." This stimulating effect of phosphorus on autolysis gives support to the old therapeutic practice of giving phosphorus in delayed resolution in pneumonia. "Autolysis may account for the liquefaction of pus, the softening and breaking-down of new growths, and the absorption of infarcts and thrombosed parts. The absorption of gummata by means of KI has been attributed to the influence of the drug on autolysis."

As another instance of the importance of biochemistry to medicine I mention the

interesting suggestion of Professor B. Moore of Liverpool as to the possible causal relation of autocatalysis and infection. "In the course of any chemical reaction the products formed may themselves in certain cases act as catalysts and alter the velocity of the reaction. Such a process has been termed *autocatalysis*. When the substance formed in the reaction acts as a positive catalyst the course of the reaction assumes an accelerando type. The course of such autocatalytic reactions bears a close analogy to the phenomena of fever. Examples of such autocatalytic reactions are seen in the tendency of many explosive substances to spontaneous combustion or explosion. Thus if guncotton be not most carefully washed free from oxides of nitrogen these products, present in minute quantity at first, may set up a slow and at first inappreciable reaction, which, slumbering at first, gradually increases in velocity and finally fires off the guncotton.

Such a process of autocatalysis induced by a trace of enzyme may be the means of infection and of the reproduction of the virus in many of those infectious diseases, such as the acute exanthemata, in which no germ has been as yet shown to have causal connection. The incubation period would be that required for the production of the autocatalyst in sufficient quantity to cause a general reaction with the tissue cells. The autocatalyst would act as the toxin of the disease; the tissue cells would react to it and produce the antitoxin until the toxin was neutralized or rendered inert. Variations in immunity would, as in parasitic infection, depend upon the individual variations in the blood as a suitable medium for such a reaction, upon the presence or absence of an anti-body at the outset capable of neutralizing the trace of autocatalysis bearing the infection, and upon the reactive power of the tissue cells to the autocatalyst or toxin." The chemical theory of disease will explain many of the so-called functional diseases—diseases where no structural alteration is manifest, a ferment gone wrong, or an internal secretion in excess or absent, disturbing the harmonious action of the part. We hear much less than we did of idiopathic inflammations, the idiopathic "itis" that is most popular among the "*unco guid*" being idiopathic urethritis and vaginitis. But this is the laymen's pathology.

The Etiology of Sterility

Our knowledge of the causes of sterility in apparently robust and vigorous couples is very unsatisfactory. I regret the current fashion of declaring in all these cases that stenosis of the cervical canal exists and that dilation and cureting are necessary. Conception rarely follows the operation. The cause of sterility is probably much more subtle and delicate. The spermatozoon is very sensitive both to chemical and galvanic stimuli. If a galvanic current is passed through a tube containing spermatozoa the latter place themselves with their heads toward the anode and their tails to the cathode, reverse the current and they reverse their position (galvanotaxis). They have the property also of always heading up against a flowing stream (barotaxis). The spermatozoon seeks the ovum, and when the conditions are favorable is led in the right path by the chemotactic action which the metabolic products of the ovum exert upon the freely moving sperm cell. Many chemical substances induce only positive chemotaxis, others only negative. It is evident much may happen before the spermatozoon reaches the ovum. That sterility is not always due to gross mechanical causes is often shown by subsequent proceedings that lead to the divorce court, which proceedings may be explained, if not justified, from the biological point of view.

Have we not been unduly cautious and prejudiced in general practice against the use of tuberculin? Its use has certainly not been generally adopted in this country, although we quickly grasped the utility of using antitoxin in diphtheria. It has been stated that gouty people are never tuberculous. It would be interesting to test the truth of this statement by means of the opsonin test. As medical men all our practice, theory and treatment, is based

upon the view that we have to deal with machines out of order; this function has to be put right or that part lopped off. Transcendental medicine or surgery has not yet been written. If vital phenomena are supernatural then our remedies should be supernatural. And where are we to find them? Treatment by suggestion, endeavoring to make patients believe and act upon a delusion, is perilously like playing at insanity.

"A Man is as Old as His Cells"

The life of the individual is the sum total of the activities of his constituent cells. A man is as old as his cells. The cell is the element of living substance. All living substance exists in cells and all the functions of living substance originate in the elementary vital phenomena of the cells. Here we are on sure ground. These are the first principles of medicine. As a working hypothesis the mechanical view of life is the only practical one for medical men. The question of the unity of nature is not called in question.

Hear what a practical biochemist says bearing on the point speaking of metabolism. Professor Leathes says: "It implies and gently insists on the idea that all phenomena of life are at bottom chemical reactions, when a muscle twitches no less than when a gland secretes. It is not too much to say that when we are moved to tears or laughter it is chemical reactions that are the underlying causes to which ultimate analysis must lead us." Who can doubt it who has seen the effects of drugs or other chemical bodies on the moral and intellectual faculties or other manifestations of the nervous system. In myxedema, cretinism, alcoholism, for instance, is it not fantastical to imagine that a material drug can effect a spiritual essence? Poets make much of the paragon perfection of man and argue therefrom his supernatural attributes, but we know from our daily work that man at the present stage of evolution is frequently fearfully and wonderfully badly made—that many specimens are never out of the repair shop. It is probable that in this society there is not a member who has a perfect pair of eyes or whose nasal septum is not out of the perpendicular. In the highest and most important function for the perpetuation of the race (that of reproduction) the complaint that is continually poured into our ears is that of inefficiency.

Diet and Treatment

The question of diet bulks largely in any scheme of treatment. Perhaps the burning question of the hour is what amount of proteid is necessary and advisable to maintain a high standard of health? The question can not be answered with any certainty at present but we know by direct experiment under different conditions, as well as by the habits of some hardy and intellectual races, that great physical and intellectual activity is compatible with much less than the conventional dietary of a hundred grams or more of proteid, and that particularly in persons whose ancestors have for generations taxed to exhaustion point the cells concerned in nitrogenous metabolism a great part of this proteid may be advantageously replaced by carbohydrates or other non-nitrogenous foodstuffs, the more especially because much of the proteid never reaches the tissues as proteid. He is a wise man who knows his own metabolic limitations and does not attempt to emulate men with primitive digestions.

With new drugs and new remedies we are apt to forget the debt we owe our medical forefathers who by sheer therapeutic intuition discovered and handed down to us such valuable remedies as opium, cinchona bark, mercury, nux vomica, vaccine, and coca leaves, which the Mexicans used for generations as a local anesthetic before the alkaloid was discovered. Coal-tar was the forerunner of, and was used for the same purposes as, carbolic acid. Carbolic acid gave birth to salicylic acid. The pine-forest cure suggested eucalyptus oil. I have to confess to a sneaking affection for the old-fashioned, much-ridiculed blunderbuss prescription. Each tissue knows its

own requirements. It may be that I was prejudiced in the favor of these prescriptions in my early apprenticeship days. But, after all, complexity is a higher stage of evolution than simplicity. And nature's remedies are all complex. Take, for instance, the natural mineral waters, or opium or cinchona. They are all blunderbuss prescriptions. Even the simplest fare, such as bread-and-milk, contains over twenty ingredients, and yet each individual ingredient is unerringly conducted to its affinitive tissue.

Empirical Prescribing to Become Less Frequent

We may hope that as pharmacology advances our mechanical or empirical prescribing will become less and less frequent. At present we know that drugs produce their effects either by chemical combination or by their physical properties interfering with oxidation processes, as sand puts out a fire, and their ability to penetrate a cell may depend upon the size of the molecules of which they are composed. Instances of chemical combination are shown in the exhibition of alkalies in diabetic coma and sulphonal poisoning, in the action of sulphate of sodium in carbolic-acid poisoning, and of sodium hyposulphite in combining with prussic acid to form the non-poisonous sulphocyanide. The most powerful narcotic substances are those which combine a very slight solubility in water with a very high solubility in ether, olive oil, or brain lipoid. The cerebral cells are more sensitive to alterations in their composition than other cells and they contain a much larger percentage of "lipoid matter", or fat, so that these drugs tend to accumulate in them. Here we have an instance of the physical action of remedies. To this class belong the trional group. As a practical point I may remind you that the effects produced by adrenalin upon any tissue are such as follows excitation of the sympathetic nerve which supplies the tissue. Consequently, in cases of hemorrhage from the lungs it is contraindicated, because the muscles of the pulmonary blood-vessels are not supplied with constrictor fibers.

And now, Gentlemen, in conclusion, I fear that the limits of your patience must be reached. I am only too conscious of having rushed you from China to Peru, and only hope that on the voyage you may have annexed here and there some trifling *bric-a-brac* to furnish your study. The late Dr. Abercrombie sums up the lesson that I would take to myself and offer to you this evening. He says: "In regard to the effect of medicines in particular, there are two opposite errors to be equally avoided—namely, an implicit confidence in the power of particular remedies in every case, and a total skepticism in regard to the resources of medicine. Both these extremes are equally unworthy of persons of calm philosophical observation, and they who advance carefully in the middle course, not misled by the temptation to hasty conclusion, and cautioned, but not discouraged, by the danger of concluding falsely, are most likely to contribute something toward diminishing the uncertainty of the practice of medicine."

NOTHING is of any value excepting that which you create for yourself—no joy is joy save as it is the joy of self-expression.—Elbert Hubbard.

THE GENIUS OF ACHIEVEMENT

By FRANK L. ROSE, M. D., Chicago, Illinois

FRANK ROSE is one of my oldest friends. I have known him for years. We graduated at the same medical school, back in the '80's, and I know just what he is and some of the things that he can do. He is not only a fine physician, an honor to our profession, but one of the best fellows "that ever happened"—and he can write good poetry, as those who have read THE CLINIC during the last five or six years will be prepared to testify. The poem that follows was first printed in one of the Chicago dailies. I believe the "family" will like it as well as I do, for there is inspiration in it for everyone of us.

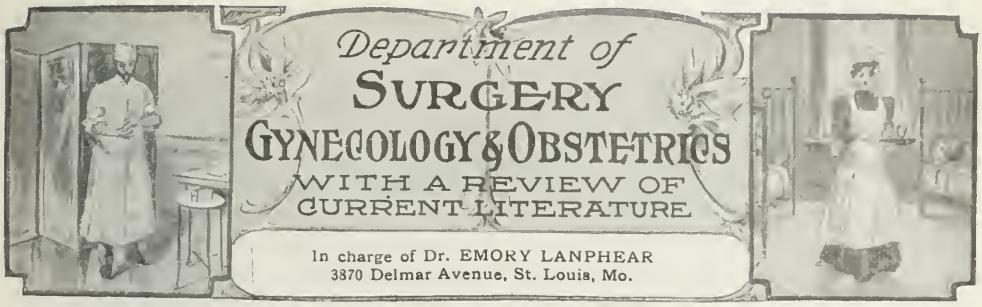
I pause not in cathedrals, those venerable piles,
Where organ tones are floating adown melodious aisles.
The cowled monk I know not within his cloistered cell,
But stay to cheer the student beside his crucible.

Like wind among the tree tops, deep in some forest glen,
I wake the dormant spirit and stir the souls of men.
Who hears afar above him my mighty pinions sweep,
Contemns all slothful pleasures and scorns the joys of sleep.

Who, in the midnight watches, has heard my quick'ning call,
His life is mine to serve me, his heart I have in thrall.
At his command o'er deserts reviving water flows;
He makes far wildernesses to blossom as the rose.

For these are all my chosen; the sailors of the deep,
Who thro' the tumbling waters their course unerring keep;
The toilers of the cloudland, who, rending rocks apart,
Have bridged the yawning canons and pierced the mountain's heart.

All hail to you, my children, my dauntless ones I greet!
Ye watchers on the mountain, with clouds beneath your feet;
Ye sailors of the ocean, ye workers by the shore,
The joy of deeds accomplished is yours forever more.



PARESIS OF THE COLON

A simple operation for relief of intractable constipation, due to almost complete paralysis of the colon, with the report of a case and a description of the operative technic

By F. A. DUNSMOOR, M. D., Minneapolis, Minnesota
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CONSTIPATION due to almost complete paralysis of the colon is not at all uncommon; it does not usually yield to any kind of medicinal treatment, but may be permanently corrected by a very simple and safe operation. For some reason this operation has not been often done in America, or if done, the cases have not been reported in medical publications. So the following case-report may be of interest to readers of THE AMERICAN JOURNAL OF CLINICAL MEDICINE

The History of the Operation

The patient was a male, 27 years of age, a laborer, a native of Norway, of good family history. He was always well except for constipation. He first consulted a physician for this trouble seven years ago, but was not greatly benefited. For the past six years he has never had a bowel-movement without taking strong cathartics. He was referred to me by Dr. Anderson, who has had him under his skillful care for the past four years, during which time he has given him every medicine known to be of service for paresis of the colon—on which the obstinate constipation evidently depended—and under his direction the man has had Swedish massage, used thoroughly, his diet has been carefully regulated, and all the other measures recommended for this trouble have been conscientiously employed; all of the popular laxatives were used in large doses without any except temporary relief. For the past year the patient has been taking one dram of the fluid extract of cascara sagrada (bitter) with two ounces of castor oil, three times a day.

Operation was suggested, but as he could not be made to understand exactly how it would do him good, in despair he went to Norway during the past year, hoping that the coarse food and the habits of his childhood might prove beneficial; but instead of improving he grew worse, and returned to submit to an operation first suggested to the writer by Mr. Arbuthnot Lane, of London, England.

The Operative Procedure

The operation was performed May 11, the steps of the procedure being these:

1. The abdomen was opened in the median line, the incision being large enough to admit free access both to cecum and sigmoid.

2. The ileum was cut across immediately above its junction with the cecum.

3. Each end of the gut was invaginated and carefully sewed together and then this line of junction buried by a purse-string suture which did not reach the mucosa.

4. The terminal end of the ileum was carried across the abdomen and made to fit alongside the sigmoid flexure of the colon in such way that there was no distinct traction on the mesentery.

5. A lateral anastomosis was made between the ileum and the sigmoid.

6. The abdomen was closed without drainage.

Since the operation the patient has had from one to four bowel-movements daily without the assistance of any cathartic, and taking ordinary diet, not designed to be especially laxative; and he feels well in every way.

For the past five years Mr. Lane has made this operation for the relief or cure of obstinate constipation and quite uniformly with great benefit. He has occasionally resected the ascending colon for the same cause.

SOME UNUSUAL SURGICAL CASES

The report of several unusual cases, with some of the lessons which they teach, and which are of interest to the general practician

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IN all ages the mysterious, the unique and remarkable features associated with any subject have created much interest and much more curiosity. This fact has had its beneficial effects along all lines. It is often through investigation of the anomalous that the real truths of the usual are made to stand out most prominently. The unique never fails to elicit much interest; however, it is only too often the fact that this interest ceases with the curiosity of the on-looker, and the valuable lessons, useful deductions and the practical application of the lesson is lost. In no department is this more noticeable than in that of medicine and surgery. A remarkable case is reported in a medical journal or before a medical society, and only too often the only interest taken in the report will be that of the self-adulation of the surgeon reporting the case, and an equally vigorous and faithful endeavor of some one to report a similar case, or one of greater rarity, for the sole object, on the part of the essayist, to become himself as great or a greater curiosity and a more unique individual than the other fellow or even the cases reported by him or his colleague.

Time in Reporting Rare Cases

The time of members of medical societies should not be taken up by reporting rare cases for any of the above motives alone. Each case should carry with it instructive lessons along some line. The reports of such cases, if used properly, are like good missionaries sent out to effect some saving or prophylactic influence. Congenital malformations and fetal monstrosities should not be classified with neglected pathological conditions occurring after birth. The unusual cases are invariably, at some time of their history, extremely simple and common types of pathology, the possible exception being those produced rapidly by traumatism.

The all-important question of early diagnosis is ever present in all pathological processes. A diagnosis in the early history of most unique cases would have robbed these cases of their later unusual features. It takes time to develop unique pathology. A simple

process, by time and complications, becomes a unique case, and is so reported. An error in diagnosis is only too often responsible for the growth of the unusual. Now, add to this professional tardiness in recommending proper surgical methods and the opposition on the part of the patient to accept proffered relief, and we have all that is necessary for the development of the rare case. On the part of the patient this surgical tardiness only too frequently permits extensive complications, with loss of function of the organ affected and irreparable injury to adjoining structures. It makes the surgery difficult, is attended by too high a mortality, often fails to relieve symptoms, and is followed by a protracted convalescence.

Jaundice from Peculiar Cause

Case 1. Mr. R., aged 21. At the age of three years this young man's parents noticed that he was jaundiced, and even before that time he had attacks of pain, very severe in character and of long duration. These attacks of "colic," so-called, continued to recur at irregular intervals, to be followed by an increase in the jaundice. The skin has never cleared entirely since the beginning of his attacks. The stools have at times been acholic, but as a rule there has been evidence of some bile in the feces. When I first saw him I found him jaundiced, poorly nourished, care-worn and exhausted. Pulse 58, temperature 97.5°F., poor appetite, inability to digest much fatty food, stools only faintly bile-stained, urine sp. gr. 1035, loaded with bile.

Examination: Abdomen enlarged on left side, dulness over area from rib-border to crest of ilium. No tenderness on firm pressure at any point. Nothing abnormal in liver or gall-bladder region could be detected on palpation or percussion. No fluid in peritoneal cavity.

Diagnosis: Obstruction of common duct, probably congenital or cicatricial; enlarged spleen as result of circulatory interference in liver.

Operation: Usual parietal incision for a common-duct operation. Tissues, when cut, looked like a carrot. Bled very freely from smallest of vessels; spleen enlarged, not nodulated. Gall-bladder thickened and only slightly enlarged. No stones were found in gall-bladder or any of the hepatic or common ducts. But just where the common duct passed under the first portion of the duodenum, the duct was as hard as a tendon and appeared to be in very much the same pathologic conditions that is found in appendicitis obliterans (cholangitis obliterans). The gall-bladder was opened and explored carefully with probe to establish the patency of the cystic duct. An anastomosis of gall-bladder was made, by the aid of Murphy button, with the upper portion of the jejunum.

His recovery was the usual one of a successful abdominal section. The stools soon became bile-stained, his skin began to clear at the end of three days, and at the end of five weeks was quite clear for a skin that had been bile-stained for eighteen years. His appetite for fats developed soon, and his weight rapidly increased. His attacks of pain disappeared. I heard from him this week, one year after the operation, and he weighs 160 pounds and is feeling fine. The button in this case passed on the seventeenth day after the operation.

This case is of much interest because of the character of the pathology, duration of the same, and the rapid restoration of the patient's health. The changes in the liver and spleen produced by the long-continued duct-obstruction, I am afraid, are of such a character that a permanent and satisfactory cure will not be obtained in this case.

Migration of Pin from Intestine into Bladder

Case 2. Boy, aged 16. For the last two or three years this boy had been having symptoms pointing to the bladder, in the way of pain, frequent desire to urinate and much vesical tenesmus. His general health is much impaired. Three years ago he had what was diagnosed as a typhoid fever. This attack lasted two or three months and was characterized by much pain in the right inguinal region and great tenderness extending to the median line. Since this attack he has not been well or free from pain in the above-mentioned area. An examination

shows much tenderness over the bladder, extending two inches to the right of the median line. On sounding, a well-marked lithogenous click was readily detected.

Operation: Suprapubic opening of the bladder. The bladder-wall was quite thick at the point selected for opening. The finger introduced into the bladder revealed a stone about the size of a pigeon's egg. This was removed. On reintroducing the finger into the bladder, another stone was easily detected suspended from the fundus to the right of the incision; on attempting to remove this, I found it securely fastened to some projecting body into the bladder. On making a firm pull with the forceps, the stone was dislodged and removed. A further examination revealed the point of a short veil-pin protruding into the bladder. This I tried to remove by traction, but was unable to do so without inflicting too much damage to the bladder and its attachments. I delivered the point of the pin and thus slightly everted the bladder and incised it along the line of the induration at site of pin-head. The pin was then removed and was found to have attached to the rat's-eye head a fecal concretion the size of a filbert.

The patient made a nice recovery. The attack of "typhoid" was evidently due to a localized peritonitis at the site of the exit of the pin-point from the intestine, and the pin's ultimately finding its way into the bladder was the source of the vesical calculi.

An error in diagnosis was made in this case. A localized abdominal induration, giving rise to pain and tenderness, accompanied by elevation of temperature and a protracted and incomplete convalescence, will be found to be always of an inflammatory character, the origin of which is usually a leakage from one of the hollow, bacteria-bearing abdominal viscera. Timely surgery would have detected the cause of the localized peritonitis and thus prevented the usual from becoming a rather unusual case.

Huge Kidney-Stone

Case 3. Mrs. F., aged 42. Twenty-five years ago this lady had an attack of right renal colic and passed a small calculus. She was free from pain for a number of years, when she again had an attack of renal pain but failed to pass the stone. For years after this she continued to have attacks of pain in the region of the right kidney. There was no blood in the urine at any time. The pain was never, in any subsequent attacks, so severe as in the first. She became practically an invalid ten years ago and has remained so ever since. A secondary cystitis developed a year ago and much pus was noticed in the urine. She became septic and a perceptible enlargement of the kidney developed. This was nodular, fixed, and tender to the touch.

The usual retroperitoneal incision was made and the kidney opened, and a stone weighing 1,540 grains was removed. Gauze and tubular draining was employed. A large amount of pus was present. The ureter was not opened freely, yet I felt that there was no calculus obstruction, as large quantities of pus had been passing into the bladder from the right kidney.

A delay in this case had led to the formation of this unusually large stone, but this was done at the expense of years of suffering and a sacrifice of much kidney-structure, and possibly amyloid changes in remote organs. Stones in the kidney should be removed as soon as diagnosed. A wound in the healthy kidney heals as rapidly as in other structures. Pyonephrosis is a late manifestation of nephrolithiasis and should not be permitted to occur. The opposite kidney often becomes afflicted, thus leading to a calculus-anuria through sympathy.

Choledochotomy

Case 4. Mrs. B., aged 48. Twelve years ago she had a severe attack of hepatic colic lasting two or three days; this was followed by a marked jaundice, the latter lasting two or three weeks. In the course of a few months a recurrence of the colic was experienced and with it the jaundice. These attacks of colic have continued to return ever since, each two or three months. Two years ago the jaundice became persistent and every few days she would suffer from colic. The feces were white in color and

pretty near chalk in consistency. The last two or three months she has had occasional mild rigors and a slight rise in temperature (101°F.); she lost much weight, pulse-beat 56 per minute, and she was thoroughly jaundiced. Examination showed no enlargement about the gall-bladder and but very little tenderness. Diagnosis of common-duct stone was made.

Operation: Incision to the right of the rectus, beginning near the sternum. Gall-bladder was found contracted and empty; no adhesions about the duct; foramen of Winslow was easily reached. A large, round stone (one inch and a quarter in diameter) was easily detected in the portion of the common duct just before it disappears behind the duodenum. The cavity was well walled off with gauze, and by two fingers of the left hand thrust in the foramen the duct with the stone was well elbowed toward the surface of the abdomen and divided with a scalpel and then removed. With the fingers underneath the duct and stone, thus pressing the stone to the surface of the duct, the portal vein and hepatic artery and their branches were pushed to one side and thus removed from danger. (The stone will be easily detected at the thinnest point, and here it is safest to cut directly down upon it.) An abundance of bile escaped through the opening, coloring the surrounding structures in spite of the precautionary endeavor to protect them with the gauze. No effort of duct-stitching was made. Gauze was carefully placed about the opening in the duct for drainage, and the gauze packing placed in the abdomen at the beginning of the operation was removed. Part of the surface-wound was closed in the usual way. The gauze was not all removed for a week or ten days. (If the gauze is taken out too soon, nature will not have her walling-off work completed). At the end of two weeks bile ceased to flow from the wound; at the end of a few days evidences of bile were detected in the feces and the skin regained its natural color. The patient left the hospital at the end of five weeks, well.

The three "liver" cases reported above represented unusual types of a very common class of pathology. The lithogenous foreign bodies should be removed in every instance as soon as the diagnosis is made, as they are found in especially dangerous localities. They have no blood supply, are usually formed with infection as their nucleus, and the normal salts of the excretions as their bodies, hence, when once started, have no limit to size attainable, are sure to endanger the function of the organ affected by contact, and remote organs by extension of this infection or other changes.

Enormous Ovarian Cyst

Case 5. This colored patient had an enormous ovarian cyst, with a fifteen years' developmental history. The growth weighed 160 pounds. At the operation the most extensive liver, intestinal, omental, parietal and bladder adhesions were met with. The patient lived six or eight days, dying from exhaustion.

Procrastination in accepting proper surgical relief and the use of the aspirator were the factors leading to the development of this unusual case and indirectly the cause of the death of the patient. Early in the history of this case ten minutes of good surgery, through a small incision, would have been followed by a comfortable and quick convalescence.

In the great majority of cases the attending physician is not responsible for delays in resorting to surgical relief. The layman, as a rule, is very much opposed to all operative precedures and will not submit to an operation unless driven to it as a last resort. Original pathology is thus permitted to go on from a simple and easily removable condition to one of greater magnitude, often changing, not only its character, but adding many serious complications to surrounding or remote organs. With the low death-rate following the removal of pathological conditions, if done early, we should urge our patients to submit to such procedures in all cases where we are convinced that at some time that course will have to be taken in order to cure the case.

EARLY DIAGNOSIS OF INTESTINAL OBSTRUCTION

The symptoms and signs of intestinal obstruction, the importance of recognizing these early, and the danger of delay. When medical should be replaced by surgical treatment

By CARLTON C. FREDERICK, A. M., M. S., M. D., Buffalo, New York
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THIS is an ailment that the surgeon is often called upon to operate for; and also the attending physician is often called upon to diagnose. If the attending physician were more alert in his diagnosis of acute intestinal obstruction, the results of operation would be better than statistics now show them to be for this condition.

As a rule the subject of acute obstruction is brought to the operator when everything has been tried unsuccessfully, maybe over a period of days, and only as a *dernier ressort*, when he is debilitated, septic to an extreme degree, and in no condition to withstand the added shock of an abdominal operation.

The Symptoms of Intestinal Obstruction

The symptoms of intestinal obstruction are vomiting, pain in the bowels of a paroxysmal nature, with distensions and ridges of contracting intestine showing themselves in patterns against the abdominal wall above the point of obstruction. Whenever a physician is called to a patient with these symptoms, it usually happens that the patient himself, having had no evacuation of the bowel for some time or passage of gas, it may be for one or two days, has already taken cathartics freely and possibly also rectal injections. The physician is called because the patient is sick, feels sick, and is having intense pain, due to the severe contractions of the bowel caused by the obstruction and distension.

In a very large proportion of instances the physician will at once give that patient a hypodermic of morphine, give more cathartics, and wait. When the effect of the anodyne is on, the patient is relieved, but soon the pain recurs and he is given another dose of morphine. Perhaps some attempts with large enemata may be made, but to no avail. The pulse is rising and getting weaker, the temperature may rise some but seldom keeps pace with the pulse-rate. The vomiting which at first was bile-stained, becomes more copious, more frequent, changing to dark-green, then flaky, or perhaps brownish and putrid-smelling. It is safe to say that nine-tenths of the attending physicians wait for fecal vomiting before they are willing to venture a diagnosis of intestinal obstruction. Unless stercoraceous vomiting comes on earlier than ordinarily, the patient is *in extremis* when the vomit is fecal.

The Danger of Waiting

During all the period of waiting the patient is becoming progressively weaker, and progressively more septic. In the bowel above the point of obstruction there are constantly being formed by bacterial action very poisonous toxins which are being absorbed into the system, producing the rapid, feeble pulse, the sunken eyes, the moist skin, the anxious expression and restlessness.

Whenever the patient has reached a certain degree of toxemia, operation, with relief to the obstruction, will not save his life any more than if he had been given a lethal dose of any other violent poison, such as strychnine, for instance. We certainly could not expect an operation for any pathological condition to save that patient if there were circulating in his body three or four grains of strychnine. Patients suffering from obstruction do not die from the obstruction alone, but from the toxemia it produces, hence the necessity

of early diagnosis in order that operation may snatch him from his perilous condition before it is too late.

If a patient has taken cathartics or injections, without results, if he is vomiting, has paroxysmal abdominal pain, and the intestines knot up and show themselves in ridges against the abdominal wall, nineteen chances out of twenty there is either a complete or partial obstruction, and a partial obstruction soon becomes a complete obstruction by reason of the infection at the point of obstruction. Hence a patient exhibiting this train of symptoms should be treated by the physician long enough only to satisfy himself that the bowels will not move. That knowledge may be obtained in from four to eight hours, and from that time on the attendant is culpable for every hour that is lost before operation.

This is radical ground to take, some may think, but the writer has too frequently been called upon to shoulder the responsibility too late, a responsibility that the attendant should have taken upon himself maybe two or three days before, when the patient was in condition to have had something done successfully.

Intestinal obstruction is a surgical ailment and can only be adequately treated by surgical operation; therefore, if it is not a medical malady, why try to treat it medically—unless a diagnosis of its existence has not been made? And that is the object of this paper, to stimulate the family physician to a realization of the necessity of doing nothing to harm his patient—and failure to make an early diagnosis of obstruction is the greatest possible injury he can do him.

PUERPERAL ECLAMPSIA

A paper read before the Nebraska State Medical Society, May 8, 1907, giving a description of this condition and an outline of the treatment which the author has found most successful

By F. A. BUTLER, M. D., Harvard, Nebraska

BAILLY'S definition of eclampsia seems to be the generally accepted one, which is, "An acute disease occurring during pregnancy, labor or childbirth, often sudden in its outset, rapid in progress, characterized by convulsions, with loss of sensation and consciousness, and ending in coma."

Frequency.—In proportion to the number of women affected to the entire number of deliveries statistics vary. A record in Philadelphia states that out of 100,935 deliveries there were 94 deaths from eclampsia. Supposing this to represent only one-third the number of eclampsia-cases, the entire number of those affected was nearly three hundred, or about one in 393. In 15,070 cases of labor reported from the Vienna General Hospital the entire number of eclampsia-cases was 46, or one in about 305.

Cause.—The cause of eclampsia is certainly one of the most vital points to be considered in the whole category of medical study, and there is scarcely a theme in medicine that has caused more consideration or controversy. Honored men, eminent in the special branch of obstetrics, have conscientiously held to widely diverse opinions. It is not my purpose in this short paper to discuss the different theories advocated by the investigators along this line. However, the accepted opinion of most authors is that the pregnant woman attacked with eclampsia is uremic, and on account of the accumulation of all the elements of the urine in the blood she suffers with the final accidents known under the name of eclampsia. Then it must be admitted without theorizing further that in consequence of renal failure a toxic element is circulating in the blood and by

this poisoned blood the brain and nerve-centers are brought into an irritable condition, and when this condition reaches a certain degree, an explosion in the form of convulsions take place.

Prevention.—Is this a preventable condition? My answer is, Yes—by persistent care and absolute direct supervision of the patient through the entire period of gestation; and I lay especial stress on this care during the later months. The urine should be examined frequently, and if albuminuria is present, and the urine is scanty, the administration of diuretics and restriction to a milk-diet is indicated, while a daily free, copious, watery evacuation of the bowels must be had. If there is much bloating and dropsy, this must be overcome before confinement sets in. If this can be accomplished, the convulsions will be prevented. In my own practice I have not had a patient with convulsions where I have had full management of the patient during gestation. It is certainly no fault of the medical attendant that he does not see the majority of these patients until confinement sets in, or (as it has been my experience on more than one occasion) that preparatory advice and treatment are ignored. Prevention depends largely on acceptance of the rules laid down for prophylaxis.

Treatment.—Since toxemia seems to be the probable cause, to prevent toxemia is to prevent eclampsia. A general practician, called to a case of eclampsia, usually finds the woman in convulsions.

His first desire is to relieve the spasm. Some years ago I relieved a patient with tincture of veratrum viride (15 drops every twenty or thirty minutes), bringing the pulse down to 70 or 60 per minute. I also relieved another patient with suppositories of potassium bromide and chloral hydrate (30 grains each, repeated in one or two hours). The bladder should be emptied at once by a catheter and as often afterward as necessary. Diuresis must be stimulated to a very complete and thorough extent. It has been my practice during the past fifteen years when called to a case of real or suspected eclampsia to put the patient at once into a hot bath, temperature 98.5° F.; with towels wrung out of cold water and wrapped around the head, to prevent the headache otherwise liable to supervene. The temperature of the bath must be run up to 112° F., by adding hot water. The temperature of the room should be 100° F. The amount of perspiration thus produced cannot be estimated. Patients ordinarily endure this for about twenty or thirty minutes; then they are put to bed, wrapped in woolen blankets. Soon everything becomes literally saturated with perspiration. If a portable bathtub is not at command, the hot-pack with suitable temperature of the room or a hot vapor- or steam-bath may be used. Some form of bath can always be improvised. In all cases when the convulsions continue, this bath-treatment should be used once in four hours. Large amounts of fluid are thus drained away from the venous blood-vessels. The loss of fluid can be replaced by normal salt solution given midway between the sweats. With this treatment copious purging is accomplished, if admissible.

The treatment here outlined has proven successful in my practice with the cases I have had and also those whom I have seen in consultation. My reliance has been in purging, a thorough course of elimination and sweating. The combination of morphine and pilocarpine I place little reliance on, as there is a class of patients whose condition is such that it cannot be used, and it would also work in a direct opposition to an elimination treatment.

In *The Therapeutic Gazette*, April 15, there appeared three splendid articles on this subject by Dr. Wells, Dr. Hirst and Dr. Faulk of Philadelphia, respectively. Hirst's article concluded with the following description of method of treatment:

1. Avert the condition, if possible, with chloroform, and prevent injury to the tongue during convulsions with a mouth-gag.

2. Give 15 minims of tincture of veratrum viride hypodermically.

3. Wash out the stomach and through the tube pour in two ounces of castor oil with four drops of croton oil, or place on the back of tongue four drops of croton oil and ten drops of olive oil.

4. Hot vapor-bath or hot-pack for thirty minutes in every four hours.

5. Hypodermoclysis: one pint of salt solution under the breast every eight hours.

6. If convulsions recur, repeat the veratrum viride in five-minim doses every hour, and if after three hours pulse is still bounding and the patient cyanosed, perform venesection.

7. Under ordinary circumstances let labor alone.

A WEEK'S WORK WITH A ST. LOUIS SURGEON

The record of a varied series of cases operated upon by Dr. Emory Lanphear, of St. Louis, in which the author acted as assistant

By DAVID C. KRETZER, M. D., Fort Madison, Iowa

BEING desirous of getting in touch with the advances in surgery I made arrangements to pass a few weeks as assistant to Dr. Emory Lanphear, professor of surgery in the Hippocratean Medical College of St. Louis. Perhaps the most striking thing of the first week's work was the use of the hyoscine-morphine-cactin substitute for chloroform or ether. It was used in practically every case, either alone or with a trifling amount of chloroform at the beginning of operative measures.

Abdominal Abscess.—The first case was at St. Anthony's Hospital, Effingham, Ill. A man of about 40, farmer, developed a large, hard mass above the umbilicus; his attending physician, Dr. F. A. Chapman, of Sigel, finally detected fluctuation and opened two abscesses, getting about a pint of ugly pus. Operation was done under two H-M-C tablets with one dram of chloroform, by Dr. Walker. A large incision was made from side to side, with branches extending into various sinuses, and a large amount of (what seemed to be actinomycotic) necrotic tissue was cut and cureted away; but the abdominal cavity was not opened, since shock was becoming serious from excessive blood-loss. Two sinuses led inward; one toward the gall-bladder, and one toward the pylorus. These were tamponed and the remainder of wound was closed, with the idea of a radical operation after the patient regains his strength.

Double Hernia.—The next patient was a man of 45 with double hernia, operated upon in the Ravenswood Hospital, Chicago. Under two doses of H-M-C and about one dram of chloroform a Bassini operation was performed upon the right side and a Czerny operation upon the left, where the protusion was simply inguinal, not scrotal. A peculiarity found was the absence of Poupart's ligament, so that the internal oblique muscle had to be pulled over and simply sewed to any kind of tissue that would "hold." Dr. Lanphear was of the opinion that the hernia would recur on account of this congenital absence of fascial support.

Amputation of the Thigh.—The next case was one of paralysis from poliomyelitis anterior. The man, 19 years of age, patient of Dr. W. C. Abbott, of Chicago, had always walked on crutches, but the leg always interfered with locomotion, there being total loss of motion below the knee. But as adduction and abduction were excellent in the thigh, and psoas-movement perfect, it was decided to amputate the leg in the hope that an artifical limb may be

worn; if not, the troublesome and useless member will be out of the way. Three doses of the H-M-C tablets were given, but the patient was so wide awake that he moved himself to the operation-table. However, less than a dram of chloroform was required to complete the amputation, which was made at about the middle of the thigh. Three hours later the boy was wide awake, free from discomfort and with no recollection of having been in the operation-room.

Varicocele.—A boy of 15, with traumatic varicocele of two years' duration, patient of Dr. Clay, of Chicago, was given one tablet, and two hours later a little chloroform. Excision of a large mass of the pamp'niform plexus was made and the wound closed with collodion. This operation required but a few minutes; and while the sutures were being introduced he was "jollying" with the attendants, skin-anesthesia being perfect.

Cancer of Submaxillary Gland.—The next operation was in St. Mary's Infirmary, St. Louis, on a patient of Dr. P. B. Goodwin of Summum, Ill., and consisted in removal of a huge carcinoma primarily affecting the submaxillary gland; but it had extended to such degree that the parotid gland had to be removed, also a part of the lower jaw, some of the tongue and some lymphatic glands in the region of the vertebræ; and the internal jugular had to be tied. This operation required more than two hours, with excessive loss of blood, yet under the influence of three of the anesthetic tablets the patient made but few movements. The advantages of having no chloroform or ether to interfere with the work on the neck can scarcely be overestimated, by reason both of lengthened time and inhalation of the vapor by operator and assistants. The absence of shock, too, was most conspicuous, considering the amount of blood lost; and the absence of post-operation vomiting was of importance where an extensive wound of the neck communicated with the mouth and throat.

Appendectomy.—The same day an operation for recurrent appendicitis was made on a patient of Dr. W. F. Kier, of St. Louis, at the Deaconess Hospital. The man, age 24, was in his second attack and the appendix was adherent; but it was removed through a one-inch incision, the external oblique and internal oblique being split in the direction of their fibers. Dr. Lanphear first ties the mesoappendix with No. 2 catgut, in two or three sections, and severs it to the base of the appendix. Then he seizes the gut on either side with hemostatic forceps and cuts the appendix off at its base, thus leaving a small hole in the side of the cecum, somewhat resembling that made in a stab-wound. This hole is closed by three or four linen sutures, tied so that the knots are in the lumen of the intestine; and then this row of sutures is covered by a number of 10-day chromic-gut stitches, No. 2 size. The cecum is then pushed back into the belly, three catgut sutures are placed in the peritoneal opening, one in the internal oblique, one in the sheath of the external oblique and three silkworm gut in the skin. A simple pad of bichloride gauze held in place by large pieces of adhesive plaster (applied very tightly) completes the work. The patient is allowed to lie upon the right side the first night and to sit up in bed on the third or fourth day. The first dressing is made on the eleventh day, when the stitches are removed; a pad is applied with long strips of adhesive across the abdomen, and the patient permitted to go to work at the end of two weeks.

Necrosis of Superior Maxilla.—The next case was that of a young man, patient of Dr. J. C. Sullivan, of Cairo, Ill., who had extensive necrosis of the superior maxilla with a large hole into the mouth. It was in this case that the superior qualities of the H-M-C anesthetic were best demonstrated. Under three doses the anesthesia was complete; with the patient's head suspended over the end of the table so that the blood could not run into the throat it was an easy matter to cut away all the dead bone and to repair the roof of the mouth. Very fine silver-wire was used for the staphylorrhaphy, as it is claimed it pro-

duces less irritation in this location than does any other suture-material. After the cavity was packed tightly with gauze the head was permitted to come to the level, but the patient was not returned to his bed until it was seen that no oozing into the throat would occur, since this might prove a source of danger during the long sleep from the H-M-C mixture.

Fracture of the Face.—What an extremely dangerous thing this might be was shown in the case of Wm. B., of Hermann, Mo., whose head was caught under a barrel of alcohol as it fell from a wagon. He was brought into the Deaconess Hospital semi-conscious, the lower jaw broken in five pieces, the upper crushed and a fracture of the base from which there was much oozing of blood. Under a small quantity of chloroform the fragments of the lower jaw were wired (20-day chromic catgut being substituted for silver-wire) and the other wounds attended to. Before the work was completed it was found that suffocation was imminent from the amount of blood constantly running into the pharynx. The most persistent efforts to clear the throat were unavailing, he became black in the face and chest, stopped breathing altogether, and for more than a half hour it seemed that he was dead; but the throat was continually mopped as dry as possible and artificial respiration maintained, each forced expiration expelling the fluid blood. Finally Dr. Lanphear made a tracheotomy and inserted a large tube; dilation of the rectum caused gasping and finally the man began breathing. Just as he was being removed from the operation-room it was noted that he was black in the face again and respiration had ceased. Examination showed the throat to be filled with blood and the tracheotomy tube plugged with a clot. The tube was removed and the trachea cleaned by cotton, the throat swabbed out and the pharynx and nares plugged to prevent further hemorrhage. In the meantime artificial respiration was again instituted and kept up for an hour and thirty-five minutes, when voluntary respiration was restored. It required nearly twelve hours for the patient to get rid of the blue color of the face and chest, but next day he was in excellent shape. A less persistent surgeon would have given this man up for dead, as the case appeared absolutely hopeless for a long time, especially the second part of the trouble when forcible dilation of the rectum produced no effect whatsoever.

Pyosalpinx and Appendicitis.—Next day I missed two or three abdominal sections, but in the evening assisted in removing a huge pus-tube, which was peculiar in the fact that the abscess had extended into the broad ligament like an intraligamentous ectopic pregnancy, to the extent that when extirpated the ureter was exposed for fully six inches and the iliac vessels for more than three. Dr. Lanphear dissected off a large area of parietal peritoneum and sutured it over the denuded area to protect the ureter and minimize the danger of phlebitis, and then packed the pelvis loosely with gauze on account of the oozing and because the abscess-sac ruptured during removal. The pus had the peculiar stink characteristic of appendical abscess; the appendix was inflamed and attached to the abscess-sac; and the woman had just passed through an attack of appendicitis; as the left tube was only slightly enlarged (from an old gonorrheal infection) the case looked very much like an infection with colon bacilli through the acute appendiceal inflammation, though there no doubt was an old gonorrheal salpingitis present.

Gangrenous Appendicitis.—A case of appendicitis in the practice of Dr. E. W. Fenity, of Kane, Ill., presented the peculiar symptom of a temperature of 105°F. on the sixth day—a most unusual fever in this disease. When Dr. Lanphear opened the abdomen there was a gush of most offensive pus from a ruptured retrocecal abscess. After ten or fifteen minutes' hunt the appendix was found at the brim of the pelvis and removed because it was nothing but a green, stinking, putrid mass of tissue, the gangrene extending into the walls of the cecum for about one square inch. No attempt had been made on the part of the omentum

to wall off the affected area. After the pelvis and right side of the abdomen had been cleaned by sponging (no irrigation) the right iliac region was loosely tamponed with gauze, the omentum carefully packed in around and behind the gauze, and the wound closed except at the point of drainage; a little more than an inch. (Drainage was profuse for forty-eight hours, then became fecal; the packing was carefully removed, abscess-cavity cleaned by mopping out with small pledgets of cotton. Recovery seems assured.)

Hypospadias.—A young man was brought by Dr. F. P. Gillis, of Du Quoin, Ill., to St. Mary's with hypospadias, the urethra terminating about four inches behind the glans. A new urethra was made by incision from a point well up on the glans, parallel to the normal course of the urethra, to about half an inch behind the orifice, the cut being a half inch from the median line; another incision parallel to it on the other side; dissection of these long flaps through about one-half their width; joining the two at the lower end, with free loosening behind the urethral opening; turning of these flaps over a gum catheter and sewing by chromic gut (tied so that the knots all came inside the new urethra) in such way that the two raw surfaces were brought in contact; and finally, the two skin-cuts were sewed together over this with fine silver-wire. It is too early to predict what the result will be, but as a work of art the new penis certainly was a perfect success.

Abdominal Pregnancy.—At the Provident Hospital Drs. Murphy and Lanphear opened the abdomen of a woman of 29, primipara, ten and one-half months' gestation, with high temperature and frightful distension of the belly. A fully developed fetus was removed from a sac formed by the omentum, liver and agglutinized coils of intestine. Infection with the bacillus coli communis was the cause of the acute sepsis, about three gallons of fluid being evacuated. No attempt was made to remove the placenta because of danger of hemorrhage and also because it would have opened up a large raw surface for infection; nor was the abdominal cavity invaded. The huge abscess-cavity was washed out with normal saline solution and sponged dry, then loosely packed with sterile gauze and allowed to collapse. The six-inch incision was allowed to gap. At this writing the patient is still alive, but it is presumed that death will occur later from chronic sepsis.

::: SURGICAL THERAPEUTICS :::

TUBERCULOUS GLANDS

Whenever a patient will consent, all tuberculous glands should be removed by radical operation; this being notably desirable of enlarged cervical glands. A severe blow may disseminate the germs and cause a purely local deposit to give rise to a rapidly fatal general tuberculosis. In the operation both the superficial and the deep lymphatics must be extirpated—a most tedious operation of at least an hour's work, as the dissection must be perfect and the field under the carotid cleaned out. The aseptic technic must be as free from fault as in the most serious abdominal section. Drainage may be made by inserting several strands of plain catgut to the depths of the wound at two or even three places. The large antiseptic dressing should never be removed until the twelfth day unless something very unusual arises. But if the patient will not submit to operative treatment the enlarged glands may be rubbed, gently, each night with: Ichthyol, 16; benzoated lard, 64. Or they may be painted every second day with decolorized tincture of iodine. Internally the best of

food is imperative, cream being especially good; if not obtainable, cod-liver oil may be substituted. Iron and arsenic must be administered in large doses. The tonsils should invariably be inspected, and excised if presenting any sign of trouble.

CALCIUM CHLORIDE FOR ANEURISM

A remedy which has attracted considerable attention of late is calcium chloride for inoperable aneurism. It is well known that the lime salts taken for a long time increase the coagulability of the blood; so, theoretically, when an aneurism is to be treated by the "rest" method or by insertion of wire into the sac, the use of lime ought to be of decided benefit. Practically applied it seems to be of service in non-operative treatment; and it will certainly do no harm to give it for some days before needling or wiring is to be tried. It may be given in quarter-gram to half-gram doses (4 to 8 grains) three times a day. Plenty of water must be given with it.

THE APPENDIX IN A HERNIAL SAC

Not at all infrequently an appendix may be found in a hernial sac; and like the gut it may become strangulated and gangrenous. It should always be removed when in an incarcerated hernia, as the macroscopic examination might not reveal the existence of changes so serious as to cause perforation if it were returned to the belly. It may even be found in the scrotum. In one of my operations for scrotal hernia an appendix seven inches long, adherent to the testicle, was removed from the scrotum of a boy only five years of age.

OSTEOMYELITIS

Inflammation of the bone-marrow is a thing often forgotten by busy practicians; a wrong diagnosis is the rule. With young adults particularly the symptoms of general infection may be so prominent as to overshadow the local trouble. Absorption of toxins may so overwhelm the patient that he cannot give any testimony as to the presence of the bone-affection, and unless a very careful examination is made, the local lesion may be overlooked, especially in parts thickly covered by muscle. A diagnosis of delirium tremens has been made under these conditions, when the subject had been drinking. The treatment consists in locating the point of infection and boring a good-sized hole to it, with injection of 10-percent iodoform emulsion; and careful antiseptic dressings. Internally opium, quinine and stimulants are indicated.

TYMPANITES

The distressing bloating of the abdomen which follows some intraperitoneal operations, and which is so prominent in peritonitis, may frequently be controlled by half a milligram of physostigmine every two or three hours. It is claimed by Abbott that the same dose of picrotoxin will have a similar effect.

MURPHY'S SUBSTITUTE FOR RUBBER GLOVES

Operators (or assistants) who cannot wear rubber gloves for operations like hernia may employ the solution of gutta-percha in benzin. It is prepared as follows: Gutta-percha chips are cut into small pieces; washed in full-strength (40 percent) formalin and dried in sterile gauze; macerated in sterilized benzin for three days; and filtered through sterilized cotton, twice. Benzin is rendered sterile by putting it in a strong, well-corked bottle and boiling for twenty minutes, the water being only warm when the bottle is placed in it. But as this solution deteriorates, like rubber, it is best to buy sterilized gutta-percha (on the market in sealed envelopes graduated for 4- 8- and 16-ounce mixtures) and dissolve it in the sterilized benzin from time to time as needed.

Method of Use.—The hands are thoroughly scrubbed and washed in 65-percent alcohol for three minutes. They are then dried with a sterile towel. The solution is

best applied by dipping the hands into a small basin containing the solution. It should be worked in around the nails and tips of the fingers, and should be applied as high as the elbows. Between operations the hands may be washed with soap and water, spirit of soap, alcohol, bichloride solutions, phenol or formalin solution, without interfering with the rubber coating. Brushes, however, should not be used. After cleansing the hands and before proceeding with another operation, the fingers should be redipped, as the coating wears off, but one application on the hands and forearms is sufficient for the entire day. The skin of the operator does not become "water logged" or shriveled with the solution, as it does with the rubber gloves. The coating is best removed by washing the hands in benzin and drying rapidly with a towel.

ACUTE PROCTITIS

An acute irritation of the rectum is sometimes followed by a painful condition associated with discharge of mucus—acute rectal catarrh this state of affairs is called by the older pathologists. Severe tenesmus with mucous diarrhea accompanies it, persisting for several days if left alone. An injection of a solution of chlorate of potassium is best for this:

Chlorate of potassium .....6.0 (grs. 90)
Water .....128.0 (ozs. 4)

This should be slightly warmed and thrown into the rectum. There will be some expulsive efforts at first, but the clyster must be retained twenty minutes if possible. It may be used twice a day, but two or three injections usually suffice.

FRACTURE OF THE ULNA

This is produced by a direct blow, or by falling with the arm across a sharp edge of a board, stone, etc. Often more attention to the injured soft parts is required than to the fracture itself. A firm piece of pasteboard suffices for a splint. Fixation for two weeks is required. Fractures of the coronoid process of the ulna are not very common. They are easily recognizable and are not especially hard to manage. Fixation of the elbow-joint at or beyond a right angle by means of a plaster-of-paris bandage over a lightly padded gauze or flannel bandage gives good results after three weeks' immobilization.

CORNS

To relieve the suffering from inflammation around a corn, or that from "soft corns," the foot should be bathed in very hot water for a half hour, then dried carefully and the corn-surface touched with saturated solution of nitrate of silver:

Nitrate of silver.....8.0 (drs. 2)
Water .....8.0 (drs. 2)

The inflamed area around the corn may be surrounded by a piece of gauze smeared with belladonna ointment, covered with oiled silk, left on over night. The burning is to be repeated every fourth or fifth evening. For ordinary corns this may be ordered:

Salicylic acid..... 2.0 (grs. 30)
Extract of cannabis indica .0.5 (grs. 8)
Collodion.....16.0 (oz. 1-2)

To be applied every night with a camel's-hair brush. It often irritates a little for two or three days, but that soon passes away and a cure is affected.

TREATMENT OF BOILS

While a single boil is but a local abscess around the root of a hair, by infection of other follicles many other boils may arise. This is the more probable when there is a general impoverishment of the system and want of proper elimination. Certain trades, too, predispose to boils; workers in oil or paraffin and coal shovellers, for example. The proper treatment, then, is not only early incision and proper drainage of every suppurative point, but extreme cleanness of the skin around the abscess, changing of dressings often enough to prevent the pus running over healthy skin. Internally a teaspoonful of sulphate of magnesium

four times each day does good, as also do tonics, like iron, arsenic, strychnine. To hasten suppuration (when it seems inevitable) poultices are of undoubted value; and a little extract of opium may be added to allay pain. But after the boil has been opened wide, the poultices should not be continued, a simple, antiseptic-gauze dressing being all that is required. Frequent dressings should be made to prevent the pus contaminating contiguous surfaces. Patients suffering from little boils should be instructed not to scratch or rub the skin near the boil, otherwise pus will be gotten under the finger-nails and other boils produced by transference of the poison; hence at night the affected part should be covered to prevent scratching during sleep.

"WASHING OUT" ABSCESSES

The idea that abscesses and infected wounds healing by granulation must be washed out with some antiseptic solution—notably hydrogen dioxide—seems to die hard. If an abscess be freely opened and properly drained by a loose bit of gauze (even the abominable rubber-tube, which so retards healing and helps establish a permanent sinus, is better than nothing) and if an open infected sore be dressed with fresh gauze as often as the old becomes soiled, nature will do all the irrigating needed. The less often a granulating surface is disturbed the better and quicker it will heal. Sometimes an open sore will do better redressed only twice a week; and then the granulations must be disturbed as little as possible—the pus must never be rubbed away. Most wounds do best when sublimate gauze, 1 to 2000, is used.

BEDSORES

A bedsore is a localized necrosis of skin and subcutaneous cellular tissue, due to an anemia dependent upon long-continued pressure and low vitality. The three chief preventive measures are (1) cleanliness, (2) frequent change of position, even though slight and (3) keeping the draw-sheet free from wrinkles. Two teaspoonfuls of salt to a pint of whisky makes an excellent wash to use at places already reddening. A very good combination, used in many hospitals, is 1 ounce of powdered alum, the white of four eggs and 2 ounces of spirit of camphor. This is to be used only for prevention of the sores. After the skin is broken and stinking begins, most careful attention is necessary to prevent extensive sloughing. The sore must, first of all, be protected. A rubber ring, air-inflated, may be so placed that no weight comes upon the tissues near the sore; or pillows must be placed above and below to completely remove pressure. The sore must be covered by antiseptic gauze; best dipped in a solution made by triturating equal parts of camphor and phenol, with oiled silk and bandage over it, if they can be applied. When sinuses form they must be widely opened and treated with the camphophenolized gauze. As the patient convalesces the surface of the ulcers may be cauterized with nitrate of silver if they are sluggish in healing. Probably iodoform is the best thing to promote granulation in such cases.

FOR PAIN OF PERITONITIS

To control the pain of the adhesive peritonitis, which saves the patient's life in appendicitis, as well as that of the post-operative form, aconitine is of much value. Opium in every form does harm, though sometimes a grain of phosphate of codeine has to be given; but little will be needed if a half milligram of aconitine every hour be given until the pulse is soft and the fever lowered.

SCALDS

Severe scalds should be treated practically the same as burns of the second degree, exclusion of the air from the burned surface being of especial necessity. If the affected surface be extensive, the kidneys must be watched carefully, as a great strain is thrown on them, and if they fail in their work death will follow. Morphine must be given with

care. If the urine is drawn after two or three hours and found very highly colored, one gram (15 grains) of citrate of potassium dissolved in a glassful of water may be given every six hours, with generally most excellent results.

TUBERCULAR ABSCESSES

When an enlarged gland softens and shows evidence of forming an abscess, two plans are open to choice. If scarring is very undesirable, the skin may properly be cleaned by scrubbing, application of ether and then washing with alcohol; then a large aspirator-needle thrust into the gland and the broken-down tuberculous material withdrawn; finally about 2 grams (half a teaspoonful) of 10-percent iodoform emulsion injected and the opening closed with collodion and an antiseptic dressing. In most cases, though, the best treatment is to prepare the skin as above, make an opening of a half inch or more, let out the pus (using a knife carefully sterilized) and curet with a surgically clean Volkmann's spoon; then burn the interior thoroughly with pure phenol, instantly neutralized by pure alcohol; insert a few strands of catgut for drainage and cover with a large antiseptic-gauze pad, to be left undisturbed for two weeks. If these steps be taken with perfectly cleaned hands and field of operation and with sterile instruments, healing will be by primary union, with a slight scar only, which will not be visible after a year's time. If pus ooze through the dressing or if fever arise after several days, infection with staphylococcus aureus or albus may be taken for granted and a dressing made—with bad scarring to be feared.

GYNECOLOGICAL THERAPEUTICS

HEADACHE OF THE MENOPAUSE

At every menstrual period some women suffer severely from headache; and as the climacteric draws near the distress may become almost unbearable, many of them learning to take morphine habitually at this period of life and from this cause. When this headache is associated with menorrhagia or even slightly excessive flow, cimicifuga may be advised. One dram of the fluid extract (or a granule or two of macrotin) every four hours during the day, with quietude, will do good; especially if at the beginning 10 grains of acetanilid and half a grain of codeine be taken. Small doses of gelsemium (or gelsemin) may well be added to the cimicifuga in these cases.

EXOPHTHALMIC GOITER

One must bear in mind the fact that the worst cases are sometimes those in which no exophthalmos is present. Operation is the only cure yet known; it is not dangerous if it is done under hyoscine-morphine anesthesia, plus cocaine locally, in clean hands and properly-selected cases. But thyroidectomy should never be attempted in any case when the patient has a dilated heart or an endocarditis of long standing. Those most favorable for operation are those in which the gland is more enlarged upon one side than the other; those in which there is a definite tumor formation; those in which the gland is not excessively vascular; and those in which the enlargement has preceded the Graves' symptoms for months or years. Like other goiters the bronchocele of Graves' disease is often benefited by the local use of iodine.

TREATMENT OF PUERPERAL ECLAMPSIA

It is peculiar that so many cases of puerperal eclampsia successfully treated by the use of the hyoscine-morphine-cactin combination are being reported: the patients being put into profound unconsciousness by the

injection of one full tablet every hour until two or three have been given, and then kept in deep narcosis for many hours by half-doses every two or three hours. In addition to these hypodermic injections, hydrochloride of pilocarpine is given by some to induce free perspiration, increased diaphoresis being favored by wrapping the patient with warm blankets, and in extremely bad cases by hypodermoclysis; one liter of hot saline solution being thrown into the buttocks or breasts; in those less urgent, the salt solution is thrown into the rectum, and the woman made to drink as much water as possible. A matter of much importance, especially when pilocarpine is given, is to keep the patient on her side to prevent saliva running down the trachea. If the patient cannot swallow, it is well to insert the stomach-tube once or twice in twelve hours, wash out the stomach and leave about a quart of water in which at least two ounces of magnesium sulphate has been dissolved. If the heart's action becomes alarmingly weak (which is not usually the case when the H-M-C tablets are used) digitalin may be injected. If the patient is full-blooded and immediate labor is not to be induced, bloodletting is justifiable; but the results under the hyoscine-morphine sleep are so gratifying without it that it is regarded as superfluous in most cases. As to the obstetric treatment, the rule should be not to interfere if labor has not begun. During the first stage dilation is left to nature if the convulsions cease, but if these recur, the uterus should be emptied as quickly as possible. During the second stage delivery should be effected at once and under hyoscine-morphine or chloroform narcosis.

HYDROCHLORIDE OF COTARNINE FOR MENORRHAGIA

When excessive menstruation is not due to a fibroid nor to retention of a part of the products of conception, cotarnine hydrochloride may be administered. This is an opium derivative, said to be not only an analgesic but also a vasoconstrictor. It has been found particularly useful in checking the excessive menstruation of young girls, and notably advantageous when there is dysmenorrhea also. It gives best results when small doses (0.05—practically one grain) are administered three times a day for several days before the expected menses. When the flow appears, the dose may be increased to 0.2 (i. e., 3 grains) thrice daily, preferably in the form of a tablet. When metritis exists it is especially helpful, but it has no effect upon the cervical leucorrhea. It also tends to check the flow when due to fibroma, but cannot be relied upon to supplant operative measures, now so safe in skilled hands. It has also proven of some service in inoperable cancer of the cervix.

INFECTIOUS GENITAL HERPES

Following infection after delivery (or abortion) herpes may appear upon the vulva, either alone or in conjunction with herpes of the mouth. It does not make its appearance until late in the trouble—about the time the other symptoms of puerperal fever are disappearing, when anxiety to the patient's welfare has subsided. Suddenly there is a chill and sharp rise of temperature, but the fever declines as soon as the herpes appears on the vulva or mouth, or both. Therefore, in every case of puerperal sepsis apparently progressing satisfactorily, when symptoms seem to indicate a relapse, the attendant should carefully examine both mouth and the external genitalia for the herpetic eruption, which, if found, will dispel uneasiness as to the future. The same symptoms occasionally are found at the time of menstruation with women who have fibroids or uterine infection. A few doses of salol or of bromide of sodium, with a purge, and application of a mild solution of phenol (five per cent) will effect a cure very speedily.

JEQUERITY FOR LEUCORRHEA

Tablets containing one grain of jequerity to the dram of boric acid are much advertised as "leucorrhea tablets," "uterine wafers," etc. When introduced into the vagina they cause great lumps of the mucus and ex-

foliated epithelium to be thrown off, making the patient believe the medicine is having immense effect. But just as ophthalmologists have found that jequerity produces a sort of diphtheritic inflammation of the conjunctiva in chronic granular conjunctivitis without favorably affecting the disease and have therefore abandoned it, it is likely that gynecologists will discard the drug because it does no good in the vaginal and cervical inflammations.

NAUSEA OF LACTATION

Strange as it may seem, there are some women who are never affected with vomiting of pregnancy, yet who are troubled by "sick stomach" during the whole or a great part of the time of suckling. The nausea commonly makes its appearance a few weeks after confinement and continues until the child is weaned, in some cases assuming such severity that it is necessary to take the baby from the breast and dry up the milk to save the mother from death from exhaustion. The most efficient remedy is one drop of wine of ipecac three times a day before meals, with drop doses of liquefied phenol a little while after eating.

GONORRHEAL STERILITY

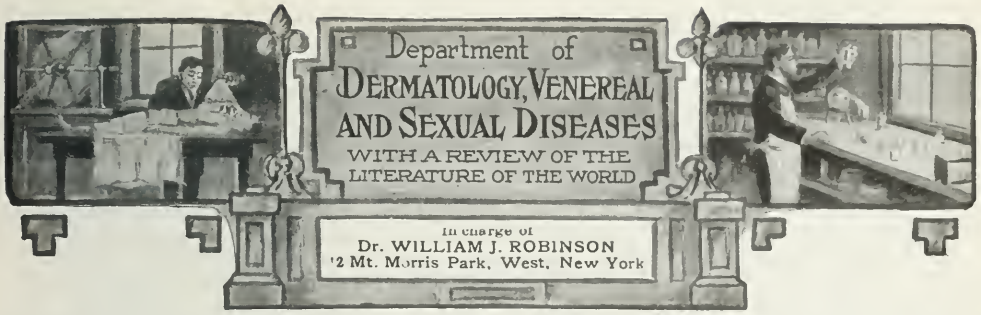
"Race suicide," so far as the average woman is concerned, is more a matter of closure of the fimbriated extremity of the Fallopian tubes from gonorrheal infection than an act of volition on her part. One-child sterility is especially frequent; i. e., the wife becomes pregnant very soon after marriage, before the gonococci from her husband's gleet have infected the uterus and tubes, but during the puerperium, or shortly afterward, the gonorrheal endometritis becomes manifest and the tubes are forever sealed, even if not so badly diseased as to necessitate removal. Erb (Germany) found on investigation that of 2000 men 48.5 per cent had had one or more attacks of gonorrhea (84 per cent of these acquired between 16 and 24;) and examination of 400 of the wives of men presumed to be "cured" of clap before marriage showed 375 healthy—presumably capable of bearing children. But in American cities the proportion of infected wives is far larger than this. The small number of negro (and mulatto) children in cities is due also to the prevalence of gonorrhea among negresses.

VESICOVAGINAL FISTULA

Almost infinite patience is required in the treatment of vesicovaginal fistula, operation after operation having sometimes to be made before ideal closure is secured. In some cases great ingenuity is necessary to repair the damage, flaps being required from the sides of the vagina or even the inner surfaces of the thighs in order to fill the gap when great pieces of the bladder have been torn away by pressure of the fetal head or unskillful use of forceps. The worst cases are those in which only a remnant of urethra remains intact. But even here something may be done to improve conditions, closure of the vulva and consequent transformation of the vagina into a pouch for holding urine being justifiable, in the worst cases, though in the extreme cases transplantation of the ureters into the rectum seems to be more popular. In other instances the uterus may be brought down and sutured into the gap when there is great deficiency of tissue.

SCROFULOUS GLANDS

Under this term the older writers described a peculiar form of adenitis—an enlargement of the lympathic glands, usually of the neck, with a tendency to become chronic and to develop into "cold abscesses," i. e., formation of a pus-like material without any local signs of inflammation until after the "abscess" has been discharging for some time. The word "scrofula" has been abandoned. These glands are the site of a tuberculous deposit; the "pus" is but the liquefaction of the caseous product of bacterial action and "inflammation" occurs only when there is infection with the true pyogenic microorganisms. If opened under absolute asepsis they heal without inflammation.



THE TREATMENT OF CHANCROID

Another of the series of "Informal Chats with the General Practician" on the practical management of venereal disease

By WILLIAM J. ROBINSON, M. D., New York City
Editor of The Critic and Guide and Therapeutic Medicine

THE differential diagnosis tables are the delight of the medical student. All it is necessary to do is to commit to memory two columns of short sentences —and no mistake can be possible in making the differential diagnosis between closely allied diseases. Unfortunately what looks so simple in the text-book or quiz-compend is not always so simple in real life.

The Diagnosis of Chancroid

The diagnosis between real hard chancre and soft chancre, or chancroid, is very simple on paper: True chancre is indurated, chancroid is not; chancre has a definite period of incubation, chancroid has not; chancre is single, chancroid is multiple; in chancre the edges are sloping, in chancroid they are undermined, etc., etc. But all these signs are apt to lead us astray and are sometimes insufficient for a positive diagnosis. I have heard the very *foremost* syphilographers of the world say frankly that they could not make a *positive* diagnosis and that they would have to wait for developments. Many a patient has been deprived of specific treatment because his initial lesion did not possess the characteristic hardness or was multiple instead of being single, until the secondary symptoms became so prominent that misapprehension was no longer possible. In short, I will say that in making the diagnosis between chancroid and chancre all possible factors must be taken into consideration—and even then we must be careful. This word of warning, we hope, will not be considered amiss, for we have seen humiliating mistakes occur, and eternal vigilance is the price of correct diagnosis.

The treatment of chancroid is very simple, but because of this it must not be neglected, for neglect may lead to phagedenic ulceration and even to the sloughing of the greater portion of the penis.

Silver Nitrate Objectionable

The silver nitrate stick (caustic pencil) has played quite a role in the treatment of chancroid both at the hands of the druggist and the old-time physician. This is an abomination of which the modern physician should not be guilty. Nitrate of silver is our worst cauterizant, or caustic. It seldom does any good because it at once coagulates the superficial layer and so cannot penetrate into the deeper tissue; it only irritates and makes matters worse, particularly so in chancroid. I have seen numerous cases aggravated by the use of lunar caustic; both phimosis and paraphymosis are not very infrequent results.

As said before, the treatment of chancroid is very simple. My usual mode of procedure is as follows:

1. Wash the sore thoroughly with a pledget of cotton dipped in a 1:2000 corrosive sublimate solution (1 grain of mercuric chloride to 4 ounces of water).

2. Apply a wet compress around the penis for about two or three hours. The compress consists of a long, narrow strip of gauze dipped either in Burrow's solution (solutio alumini acetatis, N. F.) or in a diluted lead and opium wash (solution of lead subacetate, 1-2 ounce; tincture of opium, 1 ounce; water, 1 quart). This compress usually removes any inflammatory area surrounding the chancroid and thus materially aids in the healing of the latter. It also prevents phimosis and paraphimosis. And if at all indicated, it is a good thing to repeat the compress every day for an hour or so. This can be done just before going to bed, and need not disturb the patient from his ordinary occupation.

3. Apply some desiccant and mild antiseptic powder. Iodoform is one of the best powders so far as results are concerned, but I do not believe any physician would at the present time prescribe it for a private patient. I know I shouldn't. Nor have I had a grain of it in my office for ten years. The powders most available for the purpose are: bismuth subnitrate; aristol; bismuth subnitrate 3 parts and boric acid 1 part; chinosol 1 part and boric acid 9 parts. Do not use starch in any of the powder intended for an application to chancroid. Starch is an abomination, for it is a very good culture-medium for numerous varieties of bacteria. Where the foreskin is swollen and the powder forms a dry crust the removal of which is accompanied by pain and bleeding, it is well to apply, instead of the powder, either of the following on a piece of gauze or absorbent cotton: aristol, 30 grains, liquid petrolatum or olive oil 1-2 ounce; or the above-mentioned Burrow's solution of aluminum acetate or the diluted lead and opium wash.

The above-described simple and painless method of treatment has, in my hands, proven sufficient in every case of chancroid in a very short time. I do not recollect any case which, treated from the beginning, has ever gone on to phagedenic ulceration. But I have had a number of such cases to treat—principally cases that were cauterized by the druggist or the patient himself. If we have such a case to deal with, the method outlined above should be given a trial for twenty-four to forty-eight hours.

Mild modern measures often succeed where the harsh, barbarous methods of the past fail. If however no improvement is noticeable, the following method should be resorted to: Wash the sore thoroughly with a 1:2000 solution of corrosive sublimate; then swab it thoroughly with pure liquid guaiacol; or instead of guaiacol touch the entire sore carefully with pure liquefied carbolic acid (protecting the sound tissue with petrolatum) and apply immediately a pledget of cotton saturated in alcohol. This generally suffices to check the further progress of the destructive process. Should this prove insufficient, we must have recourse to that unpleasant measure, cauterizing with pure nitric acid (taking, of course, precautions not to injure the sound tissue). The sore is anesthetized with a 10-percent solution of cocaine, eucaine or alypin, and nitric acid is applied on a thin glass rod or with a tooth-pick. After the cauterization a soothing ointment (zinc oxide 1 dram, bismuth subnitrate 1-2 dram, Goulard's cerate and petrolatum, each 2 drams) is spread on a piece of lint and applied to and beyond the sore.

Chancroids in the Urethra

Chancroids situated in the urethra must be treated by the following method: The urethra is to be irrigated three or four times a day with a pint of a warm 1-percent boric acid or 1:3000 potassium permanganate solution. After the irrigation a urethral bougie (crayon) about six inches long is to be introduced into the urethra and the meatus packed with a small piece

of gauze. The bougie should contain 5 grains of boric acid or 2 grains of aristol or 1 grain of zinc sulphocarbolate, or 1 grain of salicylic acid and 3 grains of antipyrin, and the vehicle may consist of either cacao butter or glycerogelatin. The ready-made crayons (Mitchell's) are generally more satisfactory for the purpose, as they are of firm consistency, can be introduced easily and remain long in contact with the urethral mucous membrane.

Where a chancroid is situated beneath a very tight prepuce we may be obliged to perform circumcision, though by gentle manipulation, irrigation with a thin and long-nozzled syringe followed by insufflation of the above-mentioned powders, we may succeed without that little operation, against which so many object.

THE TREATMENT OF GONORRHEA WITH QUININE, ADMINISTERED BY INJECTION AND INTERNALLY

There is no scarcity in antigonorrheal remedies, either for internal or external use. In fact, instead of there being a scarcity, there is rather an *embarras de richesses*. And still there is not a single antiblennorrhagic (internal) or gonocide (urethral) which we could designate as specific or ideal or even merely fully satisfactory. We use them all because they are the best at our command at the present time. But that they all possess disadvantages, that some are lacking in efficiency, while others are too irritating in the necessary concentration will be admitted by genitourinary surgeons in general, and is also seen from the fact that there is feverish activity in the chemical laboratories to produce the perfect gonocide, the remedy that will penetrate into the deeper layers, will drive the gonococcus out from its hiding places and kill it quickly, and do it without injuring or irritating the tissues. But before such an ideal gonocide is discovered we must look around us and utilize the weapons at our command, and we may occasionally find some excellent adjuvants where we did not expect them.

In this brief note I wish to call attention to the value of quinine in certain gonorrheal conditions. The use of quinine as a urethral injection is not entirely unknown, though it is seldom if ever used in this country in this connection. The use of quinine internally as an antigonorrheal, however, is not, I believe, mentioned by any authorities; still it has given me excellent results in a few cases.

The first time I used quinine as an antigonorrheal almost accidentally. A patient came with a *profuse* gonorrheal discharge of over nine months' duration. Of course he had run the gamut of all antiblennorrhagics, internal and external. Microscopic examination showed mixed infection. The patient looked distinctly bad. He had frequent chills, and the diagnosis was between a malarial or septicemic or endocardial infection. I am a great believer in quinine in general systemic infections, and whatever the trouble was, I thought that a few doses of quinine would do that patient good, before taking up the local treatment. I prescribed for the patient 5 grains of quinine four times a day for the first three days, then the same dose twice a day for four days more, at the end of which time he was to call again. When the patient called at the end of a week the discharge had entirely ceased. And when I say entirely, I mean exactly what the word implies. There was no gluing together of the meatus, no morning drop—absolutely nothing. Nor were there any shreds in the urine. I might add, that in spite of the long duration of the discharge, there were no shreds in the urine the first time, either, when the patient called.

We come across such cases occasionally. Since then I have used the quinine in four more cases, with positive results. I also use it by injection in a solution of 1 to 1000. In these proportions quinine sulphate is soluble in water without the addition of any acid. Quinine bisulphate and quinine hydrochloride also may be used, but the sulphate seemed to me the least irritating for injection purposes. This 1:1000 solution of quinine will also be found useful

for irrigating the bladder in bacteriuria and in subacute cystitis.

It is our duty as advanced therapeutists not only to search for new remedies but to be constantly on the alert to discover new properties in old remedies.

BURNING OF THE FEET IN PROSTATIC TROUBLE

How many physicians know that burning of the feet—annoying and obstinate burning—may be due exclusively to some pathologic process in the prostate gland? There isn't any doubt that this causal relationship exists. I have noticed it in several cases where it could be traced with absolute positiveness. I recently had a case of this character. The patient had used all kinds of washes, powders of starch, talcum and salicylic acid; ointments with cocaine, etc., but to no avail. He came to me to be treated for a prostatitis. After four or five prostatic massages, which were followed by a large amount of expressed secretion, he volunteered the information that the burning of his feet had entirely ceased. The man is practically well of his prostatitis, and the burning has not returned. It shows how intimately connected all organs of the body are and that injury to one is the concern of all.

TREATMENT OF IMPETIGO OF THE FACE AND SCALP IN INFANTS

Dr. Feulard thus outlines the treatment of this condition: The head of the child should be covered with compresses soaked in the following solution: Resorcin 5 grams, boiling water, 500 grams. This should be done every evening. Instead, one may also use thick starch poultices covered with oiled silk. [I am opposed to this.] In the morning, after the head has been washed and dried, the following ointment should be applied: Vaselin 30 grams, zinc oxide 2 grams, boric acid 2 grams.

When the impetigo affects chiefly the face the best treatment consists in the application of large pads of cotton soaked in boric-acid solution. At night disks of red plaster (red sulphide of mercury) should be applied to the affected surfaces, while in the daytime the ointment indicated above should be used. In obstinate cases Van Swieten's solution (1 to 1000 solution of mercuric chloride), 4 or 8 parts to 1000, should be used as a lotion and the lesions should then be touched lightly with the mitigated silver caustic. The diseased surfaces should be isolated as much as possible by occlusive dressings so as to avoid, if possible, autoinfection through scratching.

THE TREATMENT OF PSORIASIS

Among the medicines su posed to have a specific action upon psoriasis, says Dr. G. H. Lawrence (*Wis. Med. Jour.*, March, 1907) arsenic occupies the first place from the standpoint of internal treatment. In a rather small percentage of cases a prolonged administration of arsenic gives permanent relief—in other cases only temporary relief. It is preferable, however, first to give local and dietary treatment a thorough trial. Arsenic should never be given during the acute stage, not until the lesions have ceased to enlarge actively. When given, it should be administered immediately after taking food, beginning with from one to three minims, and in no case increasing the dose to more than ten minims three times a day. The dose should, of course, be reduced or discontinued on the appearance of toxic effects. Some patients possess a decided idiosyncrasy to this drug.

Fowler's solution is the preparation usually employed. The dose may be given in a few ounces of water, or in a teaspoonful of infusion of peppermint, the compound tincture of gentian, or one of numerous other vehicles may be employed. If after long and persistent use relief is afforded, the administ ati n should be continued for some time after the disease has disappeared entirely.

Instead of Fowler's solution arsenous acid may be given in doses varying from

one-twentieth to one-fortieth grain in pill or tablet form, or in the form of the Asiatic pill. Sodium cacodylate, one-half to three grains three times a day, has been used largely by French dermatologists. This is an organic compound of arsenic containing 55 per cent of arsenous acid.

In cases in which itching is a factor, a change of clothing to meet the exigencies of the changes in temperature may give the patient comfort. A sun bath several times a week is also advised.

Radiotherapy has been reported by some observers as being quite effective in removing psoriatic lesions. The earlier reports, however, were more enthusiastic as to the efficiency of this treatment than those of a later date.

The first indication to be met on beginning local treatment is a complete removal of the scales from the patches. Thorough bathing in water will be sufficient in most cases. But to accomplish the removal of the scales in a more difficult case there is perhaps no better way than first to secure their maceration in some fatty substance, such as oils, vaseline or glycerin.

As a treatment, Hebra advises the patient to remain in water from four to eight hours a day. Baths medicated by the addition of sulphur or tar also are advised. An acquaintance with a variety of treatments is desirable to meet the different conditions of cases and parts to be treated.

For the scalp and other hairy parts, vaseline, or equal parts of vaseline, lanolin and olive oil are convenient ointment bases. Where the occupation of the patient will not permit the use of ointments during the day, the patches may be protected with a tragacanth varnish composed as follows: Tragacanth, 5 parts; glycerin, 2 parts; distilled water, 93 parts. This should be removed at night and the ointment applied. Medicated flexible collodion is a cleanly, dry application. Medicated plasters are sometimes advisable. For the face, scalp and hands ammoniated mercury in 3- to 15-percent ointment is a desirable remedy. Salicylic acid in the same strength also is used.

It is safe to assert that the most effectual drug in the local treatment of psoriasis is chrysarobin (chrysophanic acid). It is not a specific, but its application with caution and skill will usually produce an involution of the lesions. The drug may be applied in strength varying from 2 to 40 grains to the ounce of ointment, collodion, plaster, paste or liquid gutta-percha. It may produce disagreeable effects, such as irritable, erythematous or darkly stained skin, or a sensation of burning or itching, after a few daily applications. These unpleasant effects may be considerably lessened by applying lightly, being very careful not to permit the application to extend beyond the border of the lesions or, perhaps better, by not applying quite to the edge of the lesions and by changing the underclothing every second or third day. It is well to remember and to advise the patient that the clothing coming in contact with this drug in the form of an ointment or any moist application will be deeply and *permanently* stained. If there are very large areas of psoriasis, a weak ointment should be used. The lesions themselves have a special toleration for the drug—the dermatitis occurs in areas surrounding the diseased tissue.

Tar is sometimes a valuable remedy in the local treatment of psoriasis. Pix liquida, oil of cade, or oleum rusci may be applied in the form of salve, 1 dram to the ounce.

THE TREATMENT OF VARICOCELE BY INJECTION OF ACETIC ACID

Dr. S. E. McCully (*Amer. Jour. Dermat.*) offers to the profession a new method of treating varicocele and bespeaks for it a fair and impartial trial.

His method of treatment is as follows: He seizes the scrotum as high as possible between his index and second finger and presses the two firmly together, and thus determines by the size of the veins involved the amount of treatment necessary; whether it can be done with one injection; whether two are necessary at one sitting, or whether it is better to inject and wait and repeat.

Having considered all these points, he fills his hypodermic syringe with "No. 8" acetic acid diluted with an equal part of water, lays it at a handy place, or better still, takes it between his teeth; then he seizes the scrotum, makes the pressure already indicated, and after the veins are fully distended with blood, drives the needle into the most prominent point, forces it well in, and then withdraws a very little bit. He then forces the injection into the blood held back by the pressure exerted by the index and second fingers. If the varix is large, and if it is discovered that the fluid has found its way into all the veins involved, which often happens, the author simply continues the pressure till he can feel a firm clot in the vein on gentle pressure. Under no circumstances is it necessary to keep the pressure up longer than five minutes, and, where the varix is a large one, it is good treatment to put on at once a good suspensory and order the patient to wear it until all the clots formed have been transformed into solid tissue, which is usually the case in from five to seven months.

As to the *modus operandi* of the diluted acetic acid within the vein, it acts by forming a normal clot of blood. Steady pressure, at the cardiac side, holds the blood until the force of the acid is expended, and by that time the clot is too solid and too large to go beyond the point where it was produced; as a consequence there is no risk of embolism.

The author, when he found after preliminary tests that a normal clot could be formed with acetic acid, began careful experiments on dogs and found the clots, almost immediately after the injection, firmly adherent to the walls of the vein involved. He is therefore firmly convinced that embolism is eliminated as a possible complication, and in his twenty-two years of experience he has not had an accident in that or, in fact, in any other direction. The recoveries are about 86 per cent. There were four cases in which the acid failed to produce a coagulum, but in none of these cases was there any perceptible effect from the presence of the acid in the circulation.

As to the accidents that may arise in the course of the treatment: If any of the acid escapes into the adjacent tissues, a small abscess may, and sometimes will, form, but it is not a source of danger and is only annoying and for a short time painful. However, this can only arise because of carelessness on the part of the operator. Care should be taken, when dealing with a small varix, not to inject too much acid: the amount of acid used should be proportioned to the size of the varix. A full syringe that will hold 20 minims is sufficient to coagulate a mass of blood the size of an ordinary walnut.

A REMARKABLE CASE

Dr. A. D. Newborn presented the following interesting case before the last meeting of the New York Dermatological Society. The patient was sixty-four years of age, an upholsterer by trade, a native of Germany. He came to the Northwestern Dispensary on account of what he had been told was a cancer of the tongue, and because he wished to be treated without an operation, which he had been told was imperative.

Upon opening his mouth a marked swelling in the right border of the tongue was clearly observable. An oval, shiny, red, raw-looking surface, about half an inch in diameter, with a slightly elevated whitish border was found upon the right side of the tongue, just about opposite the right lower second and third molars. By palpation there was a clearly marked, indurated, slightly tender infiltration in the tongue, underlying the patch. On the buccal mucous membrane, near the same lower molars, were whitish patches resembling mucous patches. He stated that the tongue-lesion had only been present about two months, but that he had frequently had patches in his mouth like those in the buccal cavity. There were no enlarged glands present. Patient admitted that when a sodier in the German army, at twenty-one years of age, he had had a chancre upon the penis, but denied all history of

secondaries. Six years later he had married and his wife had given birth to six children, four of whom had died under three years of age. The last-born two children, girls, were still living, one in poor health, the other married, with one child.

Basing the diagnosis more upon the history of the infantile mortality than upon the appearance of the lesion, which had a marked epitheliomatous appearance, the patient was given an injection of 3 1-4 grains of the salicylate of mercury. Patient complained of considerable pain in the site of injection, but three days later there was noticeable improvement in the appearance of patches, and lessened induration of the tongue. Another injection of 1 3-4 grains of salicylate of mercury was given, and at the end of two weeks the buccal lesions were well, and the tongue-lesion one-half its former size. He was then put upon saturated solution of potassium iodide, 30 drops, and is at present entirely well so far as lesions are concerned.

[This case is remarkable for two reasons. First, for the length of time that passed between the initial infection and the tertiary manifestation on the tongue. It will be noted that the patient was twenty-one years old when he became infected, while his tongue trouble commenced when he was sixty-four. This is a period of forty-three years, and it goes to show that we can never state definitely to any person once infected with syphilis that he will never develop any tertiary manifestations. Twenty, thirty or forty years may pass without any manifestations and still the virus lurking somewhere in the body may become active.

The second feature for which the case is remarkable is the enormous dose of mercury which was given by injection at one dose. The vast majority of practitioners would think that a dose of 3-1-4 grains of salicylate of mercury would prove immediately fatal, but syphilitics can stand occasionally enormous doses of mercury, and while we ourselves would not care to inject a dose of 3 grains of mercury salicylate, we have often exceeded by two or four hundred percent the dose given in the text-books. This shows that every physician must make his own doses. And the question here arises: Are not very many patients sacrificed, do not many patients fail to be benefited through our timidity in giving drugs? I am well aware of the fact that there is such a thing as overdrugging, that many patients are injured by excessive doses, but I believe that there is also another side to the shield to look at. And looking at that other side of the shield I am disposed to answer in the affirmative. Yes, we do fail to benefit many of our patients because we are too much shackled by the traditions of text-book doses.—W. J. R.].

A NEW IMPORTANT ADJUVANT IN THE TREATMENT OF SYPHILIS

Atoxyl is chemically the anilid of meta-arsenous acid. Its beneficial effects in the treatment of sleeping sickness as established by Koch and others are beyond question. Basing this on the analogy in structure between the organism of sleeping sickness and the organism of syphilis, many investigators, among them Prof. Lassar of Berlin, decided to try the drug in the treatment of the latter disease. The last one to try the drug in the treatment of syphilis is Prof. Hallopeau, whose standing among the syphilologists of the world is of the very highest. Over 150 cases have been thus far treated by Lassar, Balzer (of the St. Louis Hospital, Paris), and Hallopeau. The following are Prof. Hallopeau's conclusions:

1. Atoxyl has a powerful action on the infectious agent of syphilis.

2. We now possess, against syphilis, a third specific agent, equal, if not superior, to its predecessors.

3. Secondary associated infections, such as those which give rise to vegetating condylomata and certain suppurations, appear to be refractory to the treatment.

4. The same is true of syphilitic deuteropathies, leucoplasias of the tongue, and in hemiplegia; but the drug will probably be found to have no influence on tabes and general paralysis.

5. It would very probably be possible to cure syphilis by injections of atoxyl if it were possible to repeat them for a long enough period at sufficient doses.

6. Unfortunately this is not possible and the injections have to be stopped after a varying number have been given, owing to symptoms indicating the limit of tolerance has been reached.

7. These symptoms consist of gastro-intestinal pains, nausea, vomiting, general malaise, painful sensation in the limbs, painful micturition; generally those symptoms are mild and transient, but they may, in exceptional cases, take on an alarming character.

8. They can be avoided by limiting the injections to a small number, by only using large doses for the first two injections, by leaving an interval between each successive injection, and by stopping them as soon as abnormal sensations appear.

9. Old people, patients who are of small stature, and those who have organic affections, are predisposed to these untoward effects, and should be given smaller doses.

10. Doses given in succession accumulate in the organism, and consequently it is possible to keep the patient under the influence of the drug with smaller doses than the initial injection.

11. Experiments on monkeys by Metchnikoff and Salmon appear to indicate that atoxyl administered after an exposure to infection is capable of aborting disease. M. Metchnikoff thus describes the experiment that shows this: "Seven monkeys (macacus) were inoculated with the same syphilitic virus; during the incubation period of syphilis two of the animals were given by injection a certain dose of atoxyl. While the chancre appeared in the five monkeys not subjected to the arsenical treatment, the two monkeys treated did not show any visible sign of syphilis. It is, then, possible by the use of arsenic to prevent the development of the syphilis inoculated and to cause it to abort. Besides its *curative* properties on established lesions of syphilis, arsenic shows *preventive* properties.

In treating his patients Prof. Hallopeau always uses a 10-percent solution, and the injections are made into the buttock. He has been able, without causing any morbid signs of intolerance, to give eight injections of 75 cg. (12 min.), followed by two injections of 50 cg. (8 min.), but this was an exceptional case; generally signs of intolerance arose after from five to eight injections. Prof. Hallopeau advises that the treatment should be carried out as follows: A patient with an average constitution is given first, at two days' interval, two injections of 75 cg. (12 min.), and then four further injections of 50 cg. (8 min.) each, with three days' interval between each. There are grounds for thinking that these doses will be sufficient to maintain the drug in sufficiently active proportion in the body.

YEAST IN THE TREATMENT OF ECZEMA

Yeast is meeting the fate of a good many drugs; once a favorite, it fell into disuse and is now again coming in favor. One of the best preparations of yeast in the market is cerevisine, which is the dried spores of Saccharomyces cerevisiæ. Dr. R. E. T. Rhames considers cerevisine very useful in the treatment of eczema and reports the case of a patient who had suffered from dry eczema of the face for nine years. All remedial agents seemed to have been useless, whether given internally or applied locally. There was no syphilitic history so far as the doctor was able to discover. The patient's face was very red and swollen and the scales made him so unsightly that he was obliged to cover a portion of the face with a bandage. The doctor applied a mixture consisting of cerevisine, 5 grains; water, one dram; and hydrogen dioxide, 3 drops. This is mixed fresh each time and applied as soon as mixed. In cases of acne or dry eczema application of the dressing is repeated every twelve hours if possible. This treatment was continued for two weeks and was followed by an almost complete removal of the eczematous condition. The doctor did not find it necessary to repeat the treatment.

GLEANINGS *from* FOREIGN FIELDS

TRANSLATED BY E. M. EPSTEIN, M.D.

CHLORIDE OF CALCIUM

The use of this salt in the treatment of urticaria, and how it acts; also, some other conditions in which the same remedy has been found efficacious

MR. NETTER again calls attention to the new therapeutic indications for calcium salts. He got good results from it in urticaria, and used the chloride preferably because of its solubility, or the lactate which is not as bitter as the chloride, or the insoluble calciums may be used and let them become transformed into chlorides in the stomach. The dose is from one to four grams (15 to 60 grains) per day, and its administration is continued for eight or ten days, interrupting one day in every four. This treatment was preferred by Wright in 1896, but is not generally known, and it is best to bring it to notice again. It is also good in acute edema, in chilblains and in pruritus.

Wright thought the action of this medicament to depend upon the etiology of certain forms of urticaria (acid fruit, serum injections, soap enemas), conditions in which intervene substances which render the blood less coagulable by restraining and immobilizing the salts of calcium in it. He also ascertained that in certain patients suffering from urticaria who were relieved by the chloride of calcium the blood became more coagulable and its percentage of calcium became normal. Wright admitted a direct relation between the decrease of blood-coagulability and the production of urticaria. The mechanism is no doubt far more complex, and this is natural enough considering that the calcium ion enters into the greatest number of functions of both the individual cell and of the organism.

Here we are to consider especially the part which calcium plays as a moderator in the nervous system, and the remarkable experience of Loeb by which cutaneous hyperesthesia was proven to be induced by the application of citrate and oxalate of sodium. —*Gazette des Hopiteaux.*

CALCIUM CHLORIDE IN PNEUMONIA

Two years after the above experience by Mr. Netter he tried the remedy in pneumonia, also in cases where it appeared complicated with cardiac weakness, and he was nothing but pleased with the remedy in such cases.

The learned English clinician, Lauder Brunton, recommends, on his part, the employment of the same salt in pneumonia (*British Med. Journal*, March 16, 1907), from an experience he had with it during many months. He advises from five to ten grains (about 0.3 to 0.6) of calcium chloride every four hours. The use of this metal is proposed by this author on account of its influence on the contraction of the heart-muscle, and we know well of how much importance the integrity of

this organ is in the treatment of pneumonia patients.

Calcium Chloride Formulas

Potion

Calcium chloride, pure, Gm. 10.0(grs. 150)
Chloroform water,
Tr. of orange peel, aa.....Cc. 30 (oz. 1)
Distilled water.....Cc. 90 (oz. 3)

Potion

Calcium chloride, pure, Gm. 10 (grs. 150)
Syrup of mint.....Cc. 60 (oz. 2)
Distilled water.....Cc. 90 (oz. 3)

Potion

Calcium chloride, pure, Gm. 10 (grs. 150)
Syrup of bitter orange peel,
Syrup of punch, aa.....Cc. 30 (oz. 1)
Kirschwasser.....Cc. 40 (drs. 10)
Distilled water.....Cc. 50 (drs. 12½)

These different potions contain one gram of calcium chloride (grs. 15) in a tablespoonful (or four drams).

We can also add to milk a little of a solution of calcium chloride.

Solution

Calcium chloride.....Gm. 10 (grs. 150)
Distilled water.....Cc. 300 (drs. 75)

Each tablespoonful contains Gm. 0.5(grs. 7½) —*La Province Medicale*, No. 22, June 1, '07.

THE ELEPHANT'S PLEURA

Messrs. Giard and Perrier agree at present about the elephant's pleura, that its obliteration is particularly frequent in the Indian elephant. It remains yet to be established whether this is physiologic or pathologic.—*Gazette des Hopitaux*, p. 353, 1907.

A NEW ANESTHETIC

At the Séance of the Académie des Science, Jan. 21, 1907, A. Gauthier communicated the results of Mr. Harriot's labors on a new anesthetic agent. The body is an extract of the grains of the plant Theophrasia Vogelli, which grows in the eastern regions of Africa. These grains are used by the natives for fishing. Thrown into a body of water they produce complete paralyzation of the fishes in it, which then float on the surface of the water and can be taken up by hand. This anesthesia is only transient and the fish soon recover their normal condition without showing a trace of intoxication.—*Le Journal de Medicine et de Chirurgie*, Montreal, p. 153, 1907.

THE MINIMUM LETHAL DOSE OF CONVALLAMARINE

Maurel experimented on frogs, pigeons and rabbits, and came to the following conclusions: For frogs the minimum lethal dose is thirteen times more feeble by way of the muscles than by the stomach (Gm. 0.2 to Gm. 0.015, i. e., grs. 3 to gr. 1-4). For pigeons the dose would be twenty times more feeble by way of the muscle than by the stomach, viz., Gm. 0.06 and Gm. 0.003 (gr. 1 and gr. 1-33, about).

Lastly, for the rabbit by the way of the stomach it would be thirty times less active than hypodermically (more than Gm. 0.32 to Gm. 0.08, grs. 4 1-2 to grs. 1 2-6), and this last one two times less active than intravenously, viz., Gm. 0.01 and Gm. 0.004 (gr. 1-6 and gr. 2-33, about).—*Gazette des Hopitaux*, pp. 789-790, 1907.

LEMON JUICE FOR DRESSING WOUNDS OF HEMOPHILICS

A case is related in *The Hospital Assistant* (Kolhapur, India, Jan. 15, 1907) of a compound fracture of the tibia in which, after osseous union, the external cutaneous wound persisted in bleeding and would not heal. The usual hemostatics and also adrenalin were applied, without avail, but the trouble yielded at last on dressing with lemon juice.

ZINCPERHYDROL AS A WOUND DRESSING

Wolfenstein, in *Therapeutische Monatshefte* (Nov. 1905) speaks of this new remedy as follows: In zincperhydrol, pure hydrogen peroxide of 100 percent is contained, as it were, in solid form, and we have in it all the astringent advantages of the zinc and

the antiseptic advantages of the peroxide. It is highly recommended in all suppurating wounds, and in those of burns, fresh or old. One part of the powder to four of vaseline as an ointment, or of talc as a dressing powder, or five parts of zincperhydrol to fifty of lanolin is doing excellent service.

A VERY EFFICIENT DEPILATORY

E. Weyner says, in *Neueste Erfahrungen und Erfindungen*, the following makes a most efficient depilatory: Barium sulphide (freshly prepared) 10 parts, zinc oxide 10 parts. Mix. It is ideal. No inflammation of skin, and makes it neither rough nor blue. Make into a paste with water, spread on the skin, more or less thick, according to the tenderness of the skin.

SAGE AS AN ANTISUDORAL IN PHTHISIS

Sage is *a la mode* against the excessive perspiration of consumptives. Preferred are the energetene, the infusion, or the tincture of sage. ("Energetene" is a new term applied to fresh-plant juices obtained without alcohol or heat, and containing the active plant principle in an unaltered state). Mezernitzky very recently indicated that the active principle of sage is an essential oil contained in the leaves of the plant, and it was therefore used in the treatment of phthisical hyperhidrosis, and the best results were obtained. The formula used is: Essence of sage ten drops, alcohol of 90 degrees, twenty-five grams (375 grains). The dose is 10 to 12 drops three times a day. —*La Province Medicale*, No. 15, Apr. 13, 1907, p. 181.

A description of this volatile oil we have found only in the Dispensatory of the U. S. of America, 19th edition, and is as follows: "The leaves and flowering summits have a strong, fragrant odor and a warm, bitterish, aromatic, somewhat astringent taste. They abound in a volatile oil, which may be obtained separate by distillation with water. Muir (*J. Chem. Soc.*, 37, p. 678) found it to contain a terpene boiling at 156°C. (312.8°F.), and another boiling at 171°C. (339.8°F.), thujone, $C_{17}H_{16}O$, a liquid boiling at from 197° to 203°C., and ordinary camphor, $C_{10}H_{16}O$. In the fresh oil the first terpene predominates. On standing, the amount of thujone increases, and then the camphor. The oil from English leaves contains also a sesquiterpene, $C_{15}H_{24}$, of the boiling point 260°C. (500°F.). Wallach (*Ann. Ch. u. Ph.*, 1889) states that the first portion contains pinene and cineol, but the greater portion consists of thujone, $C_{10}H_{16}O$ (formerly called *salviol*). Ferrous sulphate strikes a black color with infusion of sage. —(Gleaner).

DEATH OF PROF. OSWALDT VIERORDT

O. Vierordt died at the age of fifty, while professor of internal medicine at the University of Heidelberg in Germany. His work on "Medical Diagnosis" stands today as the ablest and broadest exponent of the principles of diagnosis.—*Practical Medicine*, Delhi, India, Jan., 1907.

DEATH OF AN ENGLISH SURGEON FROM SLEEPING SICKNESS

Lieut. Forbes Tullock, of the Royal Army Corps, one of the commissioners sent out to Uganda by the Royal Society of England to investigate sleeping sickness, contracted the disease and died from it while investigating the bacteria. He was not inoculated by the direct bite of the tse-tse fly, but by having his hand cut with an infected knife.—*Practical Medicine*, Delhi, India, Jan., 1907.

METALS POSSESSING BACTERICIDAL PROPERTIES

In a series of experiments made at the Plague Research Laboratory at Bombay with a view to testing the comparative germicidal properties of different metals, it has been found that pure nickel, nickel and copper, and copper and silver coins have considerable bactericidal action on the plague bacillus, for they render sterile a highly virulent stain of that germ within twenty-four hours. It is held that the experi-

ments have proved all metals to possess similar bactericidal properties, and it is not probable that plague-germs would be conveyed by coins made of these metals.—*Practical Medicine*, Delhi, India, Jan., 1907.

IBOGA AND IBOGAINE

Neurasthenia, nervous and muscular atonies, convalescence, and conditions from mental overwork have hitherto had but a limited number of specific medicaments. Therapeutics are now enriched with a new alkaloid, ibogaine, giving good results in the above-mentioned affections. It is the active principle of congo iboga, which is employed by the negroes as a stimulant or tonic of the nervous system. Physiologically the alkaloid is a neurasthenic and tonicardiac, and an excitant of nutrition. Details are found in Dr. Landrin's work on ibogaine, published by Jules Rousset in Paris.—*Gazette des Hopitaux*, *p.* 105, Jan. 22, 1907.

The "Formulaire des Medicaments Nouveaux" pour 1907, par H. Boquillon-Limousin, gives the dose of ibogaine hydrochloride for the present as "one to three centigrams per day. It is useless to go beyond this dose. It is too bitter to give it in solution, and is best given in pills."—(GLEANER).

THE USE OF PODOPHYLLIN IN ANKYLOSTOMIASIS DUODENALE

The eggs of the parasite do not disappear from the patient afflicted with the parasite until the patient becomes very sick, or when his intestinal epithelium becomes modified by a poison, as calomel or filix mas. Neuman uses podophyllin in ankylostomiasis, which, while it does not possess a specially great toxicity, yet changes the intestinal epithelium. It seems to alter particularly the intestinal mucus, which constitutes a great obstacle for the parasites, and hinders them from fastening themselves on the mucosa. Neuman prescribes twice a day in pill or powder Gm. 0.035 (gr. 7-12) of podophyllin. If on the fourth day there still are parasitic eggs he administers on the fifth day male fern extract.—*Les Nouveaux Remedes*, No. 15, p. 353, 1906.

THE MINIMUM LETHAL DOSE OF SPARTEINE SULPHATE

Maurel compared the effect of the alkaloid on the frog administered by the stomach with that by way of the muscles, and both of these with that by the intravenous way in the rabbit. His conclusions are as follows:

1. For the frog the minimum lethal dose by way of the stomach would be sixty times higher than by way of the muscles, a proportion which hardly exists in any but in glucosides.

2. For the rabbit the minimum lethal dose by way of the stomach is only five times higher than by that of the subcutaneous way, and this last one is from three to five times higher than by the intravenous way. —*Gazette des Hopitaux*, pp. 716–17, 1907.

COLD IN THE HEAD

Dr. L. Maget recommends in *La Presse Medicale*, 1905, p. 803, against cold in the head (rather nose) the inhalation, not spraying only, for five minutes, and repeated two or three times, of the vapor of peroxide of hydrogen. The fluid has to boil. Next day the cold is gone. When the nose is completely stopped up the nasal mucosa is first to be sprayed with adrenalin solution, 1 to 1,000, in order to open it up for the peroxygen vapor. Chronic nasal catarrh demands longer time for treatment.—*Pharmac. Centralh.* 1906, p. 93.

EUONYMIN

Euonymin is a glucoside derived from the bark of Euonymus atropurpurea. It is a yellow powder, used as a cholagog and cathartic in doses of three centigrams (gr. 1-2) to two decigrams (gr. 3) in pills or mixtures.—*Enzkl. d. Prakt. Med.*

THE MISSION OF ALKALOIDAL THERAPEUTICS

How and why the adoption of the fundamental principles of the "alkaloidal idea" bring a message of hope and helpfulness to the physician; and his duty concerning it

WHEN I read the editorial items in THE AMERICAN JOURNAL OF CLINICAL MEDICINE I am amazed at the vast amount of work required to prepare these editorials, and especially at this time, when so many are criticizing "alkaloidal medication." The editorials are teeming with truth forcibly put, energy so determined and so pleasantly shown, citing us readers as *proof* of their assertions to the fundamental principles underlying all therapeutic truths. Pleasantly I say. Yes; and why? Because the writer of these editorials knows full well where you and I fail in our real qualified or unqualified state of professional ability, for he was one of us once, Brother, and he now (after removing the beam from his own eye) asks you and me to become better therapeutists and study the subject from a basic standpoint. He places the truth before us with such forcible, truthful, pleasant and scientific arguments that, while we know that we are ignorant of most of these basic truths, we are not offended, although we are a sensitive lot; and a large percent of us are ready and willing to learn that which was not sufficiently taught us in our early medical education; for the writer of these editorials knows full well that "Gabriel" has many times been forced to blow his trumpet just for the *want* of a better therapeutist at the bedside.

The doctor is not called to the bedside of a sick person to say that Gabriel shall not blow his trumpet as the last call for that soul, but is called to do *all* that an able and experienced doctor can do to relieve pain, forestall dangerous symptoms, and assist with his remedies to maintain the latent strength of his patient. But, if we lack this accurate, deep knowledge of therapeutics so persistently advocated by Waugh, Abbott and others, how can we be conscientious in saying that "we did all anybody could do," when it is not so. Possibly we did all *we* could do, but not all that a thoroughly educated therapeutist could do, simply because the attending physician did not *fully* understand therapeutics of an advanced character. He probably well understood the "old rut", but did he understand advanced modern therapeutics? To my mind, as a physician, if we do not understand these advanced methods and teachings, we, as individuals, are culpable. Do you know, Brother, that as medical knowledge advances and more anatomy, physiology, hygiene, etc., are taught in our public schools, our patients are getting to be more critical? And justly so, for many of them can now better judge of the merits of their medical attendant than they could years ago; they also appreciate speedy relief as well as absence of bad taste in their medicines.

My experience teaches me that the people fully appreciate the close attention shown by an alkaloidal physician, for we cannot practise with the alkaloids successfully without giving this close attention; and this close attention is what pleases them, even in apparently trivial ailments. Close attention means, in this instance, a correct diagnosis, a clear idea of what a remedy is expected to do, and an accurate knowledge of symptoms of diseased conditions; also of symptoms derived from the true action of our remedies. True physiological conditions with all of their many departures from the normal also must be understood. So we see that to study one means (the alkaloids) we also must renew our intimate knowledge of other important subjects closely allied with the use of the alkaloids, and this makes better physicians of us.

In the second place, we owe it to ourselves to obtain this accurate advanced knowledge of therapeutics. I believe that members of the medical profession generally are conscientious, imbued with earnest desire for the best of everything that may help them along in their professional life and work. Doctor, it is due you and me to understand these deeper alkaloidal therapeutic truths.

Thirdly, we are accountable to our Maker. From early times to the present the physician has been considered in his community a cultured, learned man and supposed to possess all the available knowledge of the time and age in which he lives. In olden times the entire field of knowledge for the medical man was narrow, and very little was expected of the physicians.

We read in the "good book" that there was a time when God winked at the ignorance and wickedness of the people because they did not have the law or wishes of their Maker, had no way to know the will of their Maker, so they were not held accountable for their sins and ignorance. But when prophets came and expounded the law and will of the Maker, they were held responsible to the law. So it is with us physicians. Until these active principles were separated from the other elements and debris, and their strength and action became fully and definitely known, we were not expected to know them and could be excused for not knowing them. But since these active principles have been isolated in pure form and their action and doses are definitley known, it seems our plain duty to know them. They are simply the same remedies we have been using all our professional lives, yet in purer form and of single action, the product of higher effort resulting from a higher educational effort in pharmacy, linked with a higher ideal of mankind's physical needs.

W. H. Aylesworth.

Hanna City, Ill.

AS GOOD AS A POST-GRADUATE COURSE

Your paper is a great help to me, as good as a postgraduate course, being full of points that help out in bedside work, where a man most needs them. Many of us country men are proving the value of your teaching, curing many more than we used to and doing it more quickly and easily. Every month we look eagerly for its appearance, even our "better halves" reading it with interest.

When a man is coming in contact with all kinds of cases, presenting many difficulties, but far removed from specialists with whom to consult, where the people expect relief from every kind of ache or pain, where a man must be able to meet all conditions or fail, such a paper as yours comes as a great boon, for its pages are full of helps in the kind of cases he is meeting every day; and the end and aim of a doctor's life after all is to cure or relieve his patients, and what helps in that direction is what he most needs. Theory is all right but it is practice which proves, and a man with a condition needing help turns to the one who does things every time.

We country men are quiet, rarely writing for publication, but we appreciate your efforts on our behalf and are truly grateful to you for the many helps we are receiving from you. To get a man to thinking is a great thing, and you make us think and

study out things, and as soon as we begin trying we find out the truth of your teachings and then our patients get the benefit.

I do all my own dispensing. Couldn't do anything else, for the nearest drugstore is several miles away. I am careful in getting the best, for I have found out in times past that there is a great difference in the same drugs put up by different firms.

GEO. PEARN.

Edow, Ohio.

SMALLPOX: A THUMB-NAIL SKETCH

On April 25 a man came to my office suffering with a heavy chill—temperature 102°F. He is a railway fireman. Said he was taken sick the night before far up the line and was now on his way home. Gave him treatment and called on him the next day. The fever was about the same, bowels acting some. I gave further treatment and called the following day, to find him broken out with smallpox. This was a genuine surprise to me as the usual symptoms we get in these cases were not prominent.

Calling in the city health officer, who confirmed the diagnosis and established strict quarantine, I visited the proper officials and requested supplies. Wishing to make a scientific test of this case, I requested red cloth so that I might be enabled to exclude the violet rays of the spectrum as found in ordinary sunlight. For several days I got "red tape," but finally the red cloth came along. As some valuable time was lost I was driven to use the following: As each vesicle presented it was touched with a wooden toothpick dipped in pure carbolic acid. This coagulated the albumen of the vesicle and surrounding part. It was then touched with another wooden toothpick dipped in 98-percent alcohol.

The windows were opened to give plenty of ventilation and over the entire inside of every window was securely tacked the red cloth—thin deep-red muslin. A shade of the same was placed on the lamp, a wide sheet, also of same, on the top of the bed covering, a big cap on the head, with wide projecting brim, so that the face was always in the red shadow. Over the door of ingress and exit, which was always kept wide open, was hung a double white sheet, outside of this a red sheet each way a foot larger than the door-opening, so that, when but a corner was raised for going in or out, the light was pretty well excluded.

Over the patient was stretched a line, and on this line was placed a towel kept constantly wet in Platt's chlorides, full strength. On going in and coming out the physician or attendant carried a dish containing this solution and with a whisk-broom sprinkled it plentifully. This made a perfect disinfectant and prevented the carrying of the disease. On going into that room there was absolutely no odor—no smell of disease.

The patient was kept on calcium sulphide, with enough intestinal stimulation to carry off all feces. What were the results? No pustulation, no secondary fever, no itching, no scratching, no delirium, no pitting, no scars. His friends will hardly believe he has had the smallpox, for, as they say, "he has nothing to show for it." He was cheerful all through the sickness, and came out at the end of a month anxious and ready for work.

C. S. COPE.

Ionia, Mich.

—:o:—

The calcium sulphide must divide the credit for the good results in this case, so it seems, with the red light and the local application of carbolic acid. All three remedies are good. There is no question as to the effectiveness of calcium sulphide in these cases, provided a good quality of the drug has been used and the patient is thoroughly saturated with it. We have received many reports to that effect from physicians who have obtained brilliant results with this alone. The use of the red light is an old expedient, revived by Finsen some years ago, and shown to be very valuable in some cases. Its purpose is to exclude the irritant chemical rays from the patient's skin. Since the demonstration by Councilman of a parasite, a pro-

tozoon, in the skin lesions the importance of trying local antiseptics has become quite evident. Excellent results have been obtained by scrubbing with bichloride solution. Why not use carbolic acid? This line of treatment *should* be first class. Let others try it and report results.—Ed.

THEORY VS. PRACTICE

Below find a clipping from *The Boston Journal.* The lesson taught me by the clipping is that one may become so saturated with science that he becomes ridiculous in the application of his theoretical wisdom.

Don't chew your meat; bolt it. Flesh-eating animals never chew their food. They bolt it. Chewing meat makes it indigestible. The saliva mixed with the meat forms an alkaline. Before the meat can be digested that alkaline must be neutralized.—Dr. Harvey W. Wiley, chief chemist, United States Government.

Says the famed Dr. Wiley
They all praise so highly
In matters of food,
The pure and the good,
"Meat mustn't be chewed;
The alkaline juices
The stomach refuses,
If it knows what is which,
In hash, chops and sich.
"Whatever you eat,
Be it porcine or neat,
Furred, feathered or finned,
In wood, sea or wind,
Wherever you catch 'em,
Or graze 'em or hatch 'em,
However you snatch 'em,
The way to despatch 'em
Is the wolf's way, just watch 'em.

"Whenever you're hollow
Don't mumble but swallow
All fragments whatever
You're able to sever;
Don't cut it, but pull it
And down through your gullet—
Just bolt it
And jolt it.
Don't work your incisors
Or molar divisors;
Take all on the table—
That is, if you're able;
Don't rag it,
But gag it,
Let no alkali tag it,
That's how the beasts eat it
And their health—can you beat it?"

In my student-days at Harvard Medical School I performed test-tube experiments galore which proved that pepsin was active only in an acid medium. The case of the physician in *The Critic and Guide,* for May 19, who prescribed pepsin and sodium bicarbonate for his patient who suffered from gastric indigestion and with this prescription cured his patient, would lead one to think that theoretical test-tube digestion may be misleading. At all events, if Dr. Wiley's theory is correct, then human saliva was produced by nature to help professional ball pitchers to earn large salaries and teeth were given us for ornament.

Edward J. Fitzgibbon.

Dorchester, Mass.

SULPHUR SATURATION IN ITCH

In your April number, page 421, you give some suggestions for the cure of "itch" and suggest calcium sulphide saturation. In olden times, before European medicine had made an appearance here, there was a custom of the mothers to feed their children, when attacked with itch, with sulphur sticks. A large amount was crushed to powder and mixed with the pulp of a plantain, some sugar was added, and the child was made to eat the whole thing. The breath and secretions, and the whole body, smelled horrible within two or three days, and the whole surface of the skin became beautifully cleaned within a week or so, with the aid of some simple external application. I had seen this process once in my childhood, and once a case was shown to me a few years ago by a patient of mine.

About a year ago I had to treat a young boy of eighteen for fever and anemia, and the condition was diagnosed as the consolidated apex of the right lung. I had treated him with nuclein with arsenates, and sulphocarbolates, calcium sulphide, and sodium chloride drinks. Two months ago this young patient of mine got the eruption of scabies all over his body. I am sure I had not committed a mistake in diagnosis. Even the relatives of the patient could see its nature. I put him

at once on saline drink daily and saline enema twice a week, dressed the itch ulcers with salt water, and gave him calcium sulphide, gr. 1-2, six a day. The old-fashioned relatives of this young patient did not fail to say to me that the giving of sulphur internally in the calcium sulphide form is far more effective and more pleasant to take, though both caused a smell equally horrible within a short time. I cannot divide the credit of this speedy cure between calcium sulphide and sodium chloride, as I have always cured many itch patients with sodium chloride dressings. But I am inclined to give a great amount of credit to my adding calcium sulphide to the system.

VAMAN BAJI KULKARIN.

Kolhapur, India.

HYDROCHLORIC ACID IN TYPHOID

In the May number of your journal, page 662, Dr. L. Thompson Clason takes the affirmative in answering the question, "Is hydrochloric acid contraindicated in typhoid?" If in a given case the tongue is coated white and otherwise presents indications of an acid condition, I would agree with the doctor. If on the other hand the tongue is red and dry and inclined to grow more so as the disease advances, I would say that it is most assuredly indicated. Not only is it indicated but it will be very grateful to the patient; properly diluted, and its effects will prove to be very satisfactory. I have administered it in a great many cases of typhoid fever, and other cases as to that matter, with the above indications, with most satisfactory results. The tongue very soon becomes moist, assuming a normal appearance.

But since I have learned the use of the alkaloids, particularly the special sedatives aconitine and veratrine, along with the clean-out, clean-up and keep-clean method, I usually expect to control the symptoms or conditions before they have advanced to that stage where the tongue becomes very dry or red either. I agree with the doctor pretty well in everything he administers except his objection to the acid, and I presume that if he had noticed the tongue and followed the indications that I have outlined, he would not have had so much trouble. White tongue indicates alkalies and red tongue acids, in fevers as well as in other diseases, as a rule.

J. A. ROBERTSON.

Hot Springs, Ark.

CARBON BISULPHIDE AS A REMEDY

On page 1380 of the United States Dispensatory, 1858, in speaking of bisulphide of carbon, I find the following: "Dr. Otto of Copenhagen employed an alcoholic solution in the proportion of 2 drams to the fluid ounce of which 4 drops were given every two hours. At the same time the affected parts were rubbed with a liniment made by dissolving the bisulphurate in the same proportion of olive oil."

This was for rheumatism and gout. Does it mean 2 drams of carbon bisulphide and 1 ounce of alcohol, or 2 drams of alcohol and 1 ounce of carbon bisulphide? What is an average dose of carbon bisulphide for internal use? Is it compatible with the oil of mustard or salicylic acid or liquid guaiacol?

J. A. BURNETT.

Alma, Ark.

—:o:—

The old edition of the Pharmacopeia to which you refer undoubtedly means two drams of carbon bisulphide and six drams of alcohol or oil to make one fluid ounce. The dose is given at from five to fifteen minims, which should be largely diluted with water and taken from four to five times daily. It is also said to be an excellent local application for rheumatic and other pains. It is not incompatible with the oil of mustard, salicylic acid or guaiacol. This remedy has been recommended in our dispensatories and other text-books for the last half-century and yet personally I have never heard of anyone using it medicinally. Doubtless some one does, but I am sorry for his patients,

for of all the beastly smelling substances that were ever offered to unfortunate patients this I believe is the worst. Yet—I *have* heard of one case of trifacial neuralgia which has resisted all other forms of treatment in which the local application of this remedy was effective. You know, of course, Doctor, that this substance is the same thing which is used by shoemakers and bicycle-tire menders for making their rubber cement.—Ed.

THOUGHTS ON A QUERY ABOUT NUCLEIN

I have read your opinion that seems to be based upon experience in regard to the therapeutic uses of nuclein; and while I know that I have no right to call any of your conclusions in question, still there is a thought in my mind touching the constituency of nuclein that makes me wonder how it could be indicated in any disease due to an imperfect oxidation of the alloxur bases.

We find the uric acid diathesis to be present in gout and rheumatism as well as in uricacidemia, so-called, including colds, psoriasis, eczema; and in the cachexias, as syphilis, cancer, constipation; chronic gout, anemia, diabetes, yellow atrophy of the liver, cancer, etc.—in all of these there is either an excess of uric acid in the urine, or, its normal quantity is diminished, which shows an abnormal state of the metabolic functions of the body. Now, inasmuch as the existence of these diseases depends upon the proper elimination or non-elimination of the purin bodies, the matter of treatment should resolve itself into the ingestion of such remedies as will stimulate metabolism to the extent of completely oxidizing and eliminating this ash from the system. In this you will doubtless agree with me; but let us consider the nature and constituency of nuclein. It is composed of cell nuclei. It is the very base of the alloxur or purin-bodies —the xanthins and hypoxanthins which are converted into uric acid and then eliminated from the body. It comes in the same category as beef soup, sweet-breads, Liebig's extract, asparagus. Beef tea is a purin-body and therefore a toxin in uric-acid excess.

Now, nuclein belongs to the above-named articles and why should it not, like they, be only converted into uric acid and thus be eliminated. To administer it as a remedy in the above-named diathesis, why should we not expect it, like the above-named articles, only to add more labor to the metabolic processes in the first place, and finally be converted into uric acid and thus thrown out of the body. This is a question that has arisen in my mind after studying your digest of the therapeutic value of nuclein.

It is a matter of course if it increases or strengthens the opsonic index of the blood, as you have said, and I do not say it does not; if it increases the number of the phagocytes and their activities, its therapeutic value cannot well be questioned. But being the base of all purin compounds, why should it not act like they do in the animal economy, or why should it increase the number of leucocytes, reinforce the blood-serum against toxins, any more than Liebig's extract, bovinine or other concentrated vegetable or animal extracts?

J. J. Ely.

Goreville, Ill.

—:o:—

This is intelligent criticism, and we are glad to have it. Nuclein is not a "cure-all," and there are conditions where it is just as clearly contraindicated as would be the case with any other remedy, aconitine for instance. Admitting that uric acid is derived largely from the nucleins, both endogenous and exogenous, it is also true that the role of uric acid in the body is still very obscure. Haig and others made it responsible for many diseases—one author traced forty-one of "the ills that flesh is heir to" to this cause—but the present tendency is to minimize its importance as a disease-producing agent, instead of magnifying it. With the possible exception of gout it is too much to say that any disease "depends" upon uric acid or the purin-bodies. Yet these may be and doubtless are important factors.

The specific indication for nuclein is any condition where an increase of the phago

cytes is desirable. This is true of the infectious diseases generally. In pneumonia, for instance, in favorable cases there is a very pronounced leucocytosis; in unfavorable cases there is little increase of leucocytes. The necessity of maintaining phagocyte activity is perfectly plain. Nuclein stimulates leucocytosis—or phagocytosis. The same is true of tuberculosis, typhoid fever, tonsillitis, pus infections—all infections. As you suggest, the studies concerning opsonins give new significance to some of our work with nuclein. It is highly probable that nuclein raises the opsonic index, that is, that it in some way makes each individual phagocyte more powerfully destructive of bacteria, whether by action upon the phagocyte or upon the disease-germ it is impossible to say. It undoubtedly *does* raise the resisting powers of the body, not only in the acute infections but in chronic conditions. For instance, its addition to iron medication certainly increases the efficiency of the latter in cases of anemia.

Of course nuclein should not be used in cases of gout or of the uric-acid diathesis, so called, or in any case where hyperleucocytosis would be likely to "add fuel to the fire." But in most cases of physical weakness, lowered body-resistance, it is not only indicated but a very valuable remedy; while in the infectious diseases it is *the* remedy of choice, to be administered along with calcium sulphide and the properly indicated eliminative and supportive remedies.

The meat extractives to which you refer in your last paragraph, while of course derivatives, are chemically unlike nuclein and entirely different from it in physiological action.—Ed.

UTERINE HEMORRHAGES

Away back in April Clinical Medicine I noted Dr. Zeuch's interesting report on uterine hemorrhages in late pregnancy treated by hydrastine, morphine and atropine. Out of the number of similar cases I have treated successfully there are two worth emphasizing. One woman, some years ago, who was in the habit of having severe flowing at irregular intervals during pregnancy, was thought by one doctor to be a case of inevitable miscarriage and he sought by medicine and manual dilation of os to hasten matters. After twenty-four hours of severe pain and flowing I was called to operate. Instead, I gave a favorable prognosis and advised acetanilid 10 grains, hyoscyamine 2 granules, alternating with 2 granules of hydrastine, each every three to four hours. The child was carried to full term with little difficulty.

A recent case was one where three physicians had, in view of four previous miscarriages, expressed the opinion that the woman could not give birth to a living child. I was called at about the thirty-second week to what all thought the confinement or miscarriage. Free hemorrhages had occurred and pains, and os was somewhat dilated. I gave acetanilid, hyoscyamine, hydrastine, and later triple arsenates and Buckley's uterine tonic. Although there was a repetition and the woman was puny, had aches and pains through the front and back, she carried the child to maturity and had a normal birth.

Some years ago I saw somewhere acetanilid in 10-grain doses advised for threatened miscarriage. I seldom if ever give such a large dose and add the hyoscyamine and hydrastine, dose according to the case and individual, and use a heart stimulant if needed. Always have used morphine sparingly. In some cases a little morphine (or, as I prefer, codeine) with the above prescription works well; but I seldom need either.

What have the "laboratory men" reported on the exact effect of intestinal antiseptic (sulphocarbolate) tablets on the kidney excretion? I have noticed an almost constant and very decided increase in the amount of urine but have not examined it.

I have seen nothing about the sexual tonic or stimulant effect of small doses of cypripedin—two or three granules at bedtime. I took these for insomnia, and with effect, but also observed a sexual effect—increased desire and capacity. Have con-

firmed the sexual sedative effect of large doses also.

S. H. Rabuck.

Gloversville, N. Y.

—:o:—

The use of acetanilid in hemorrhage is new to us, though through its sedative action we can understand how it might be of value in threatened miscarriage. We should be inclined to use it sparingly, pinning our faith rather to small, repeated doses of viburnin, with perfect quiet, and a full dose of morphine (or codeine) in severe cases. The hyoscyamine and hydrastine appeal to us, though, as we have already said, we should prefer the hydrastinine in uterine oozings. But the doctor has demonstrated that his method "works"—that's the test!

We have seen no reports of increase of urinary excretion following the sulphocarbolates. Can the "family" help us on this point? And what has been the experience concerning this sexual action of cypripedin? All these are important points, deserving of careful attention. Give us your "boost," Brethren!—Ed.

PROFESSIONAL INSINCERITY

Just wait a moment and I will tell you why I write this article: It is simply because I am moved by an impulse, stimulated by experience and observation.

Some years ago—when I held the medical profession in more esteem than I do today—an old gentleman brought his wife to me and asked if I could cure cancer. I told him frankly that I could not. "Well, then, you are not the doctor that I am looking for; you don't know much," said he. "You are too young in the business.

Then I wished that I were older and knew more, but now I wish that I might be younger and knew less of the moral infirmities of men. It is needless to say that the old man found his "specialist." A few months later he came to me and said: "Young man, I want to beg your pardon. You told me the truth. My wife died a few days ago, in great agony, and that scoundrel fleeced me out of $500, promising that he could cure her."

Pro bono publico is a term more generally used and less generally lived up to than any of the sentiments by which the medical profession delude themselves into the belief that they have the public's and not their own petty welfare, at heart. We do not seek to be considered in the light of dilating on the superior skill of the advertising quack—his recognition by the people is a concrete proposition. We use him in the abstract sense, to illustrate the application of the fundamental basis upon which most of the profession stand—"the almighty dollar"—but for this object of gain, there would be few in the business for love's sake.

I once heard a country-jay, who had failed at farming, express his views on the medical profession. Using his words, he thought it a "darned onsartin thing, where a man wanted to be honest," but thought it would "beat plowin'," so he was "g'win' to git his sheep-skin and go at it." His "grandaddy was a pirty good doctor, and he knowed he could be one tew," and, addressing me, "Don't ye tink so, Doc?"

This fellow doubtless had observed a thing or two in the medical profession or he would not have spoken as he did. And, to my astonishment and chagrin, he did in a very short time go away to some medical mill and returned a full-fledged M. D., hung out his shingle, and represented himself as one from among the horny-handed sons of toil and a friend of the wool-hat boys. He at once cut the regular fees to one-half and appeared to be perfectly satisfied with himself and the fees, because he was making more money out of it than when he was plowing for a living.

Now, maybe, you "take this with a pinch of salt," but he did more work than any three doctors in the village. This "away down in Georgia, where the cotton and the sugar-cane grow."

This young stalwart, after a brief but prosperous period in his old home town, moved to west Florida, where I met him a few years later on one of my annual hunting

trips to that delightful land of flowers, good hunting and fishing. I was surprised to learn that he was located and practising in that state, and asked him how he passed the state board. "Oh," said he, "that was easy. They saw from my looks that I wouldn't bother any of them, and they only asked me three questions. The first one was, where I wanted to locate? I sez, 'Somewhere down on the Ochlochney river,' sez I, 'where I can have all the fishing and hunting that I want.' I sed, I wasn't hankerin' much for practice no how, but if any of the folkses wanted me, I would like the right to go and do what I could. So you see, I kinder pulled the wool over their eyes and they give me a license."

Now, Brethren, you plainly see that that fellow was no fool, after all; he did have horse-sense, and that is what some of the state boards do not possess. It is this class to whom I am speaking, and not the conscientious physician, who has the courage of his convictions; who equips and educates himself to that high plane of choice and self direction, where he is the equal of any man; who would not bend his knee to mud-god authority nor cleave to pathyisms or other dogmas, but be the man he is, a physician, undisguised, for the healing of the sick.

Unfortunately, for this class of true men of much learning, they possess a spirit of diffidence that makes them negative to those whom they might otherwise claim as their own. Over this peculiar weakness they should place a double guard and never assume a negative attitude toward anyone. When you do, it is an acknowledgment of weakness and uncertainty, and the self-sufficient M. D. takes advantage of it and says to his patients: "Yes, I can cure you, that is easy for me. Had you not noticed that I advertise to cure cases that other doctors can't cure? I have a special treatment from Europe that can't be obtained even in New York, and I will take your case for the cost of the medicine only, and charge you nothing for my services."

This squeal will catch 90 percent of the people, because they are mostly fools and want to be humbugged. So, wherein do they err. Does not the case justify the remedy?

A. B. Couch.

Houston, Tex.

—:o:—

There may not be so much money in honesty, sincerity, and real knowledge as there is in pretense, falsehood and ignorance—but if there isn't, we'll worry through the world poor. Really, however, I believe that the "square" man wins out best in the long run if he has his share of brains and can adapt himself to his environment. There are, of course, "misfits" who will succeed nowhere. One of the reasons why so many of our cultured, well-educated physicians fail to achieve the success they should is because their knowledge is not sufficiently practical and helpful. A man who knows, and knows that he knows, is not going to lack business. It is his conscious inefficiency that is "downed" by unconscious ignorance. Learn to do things —that's the remedy for our professional poverty.—Ed.

EARACHE—MYRINGITIS

Atropine is almost a specific for acute myringitis. Dr. A. D. Williams of St. Louis is the discoverer of this. I learned it from his book on diseases of the ear. For adults make a solution of from 3 to 5 grains to an ounce of water; for children 1 to 2 grains to the ounce. Warm the solution and put about five drops into the ear from three to five times a day. Let it remain from five to ten minutes. Then let it run out, dry the ear with a rag and leave it free unless the patient has to go out in cold weather, then it should be protected. Dr. Williams says it may at first be used every hour till the pain is relieved. Afterward, he says, the pain is relieved promptly and effectually and rarely returns.

In my comparativety limited experience the pain is relieved promptly by a single application, so that I scarcely see the necessity of repeating it. For many years I have used the atropine tablets, gr. 1-100.

I give these to my patients with directions how to use. Following Dr. Williams, I use atropine in all painful affections of the ear. If we have myringitis, the atropine will cure and save the drum if used in time; if the drum is not inflamed, the atropine will do no harm. From one to three of the tablets may be used. A single tablet has been sufficient in my own cases.

THOS. H. HAMMOND.

Oxford, Fla.

—:o:—

Now — that's a practical suggestion. What's *your* method of treating earache and other painful conditions of the auditory apparatus?—ED.

ONE OF OUR PROBLEMS AND HOW TO DEAL WITH IT

Query 5240 engaged my attention, so in connection therewith I must relate some experiences that have happened to me in the twenty years I have been in practice here. The first few years I was constantly besieged by many ignorant, irreligious, imprudent and, sometimes, impudent people, seeking relief for their misdeeds or for prospective burdens which in their selfishness they imagined they should not be obliged to bear.

For example: A lady called at my office one day and requested me to give her something to "bring her around." She readily confessed to me that she was in the "family way," and in extenuation of her desire stated that she already had as many children as she could comfortably provide for; that her husband was not overly kind to her and she did not purpose having any more burdens. She begged and implored me to help her out of her trouble. So, to get rid of her, I gave her some comp. tr. of cardamom and instructed her to take half a teaspoonful three times a day. She returned in a couple of weeks, chided me for not having helped her and requested "something strong." I gave her six ounces of simple elixir with tincture of hydrastis, so she would think she was taking something.

Thus I fooled her along for two months, then told her it was "too late," and lectured her on the impropriety, immorality and criminality of doing what she desired. But she was determined. She went home and took something one of her neighbors had been in the habit of using for that purpose, with the result of producing intense uterine cramps and some hemorrhage. It caused a violent fever and made her pretty sick. Scared into "cat fits," she sent for me in haste. Arriving at her house I examined her, to ascertain the results of her "dope," and behold, found no evidence whatever of pregnancy. In fact, she had reached the period of the climacteric, so her suspicions were unfounded. Then she proceeded to roast me (after I had enjoyed a hearty laugh at her expense), for not having examined her at first, to relieve her anxiety, but I retorted that I never make an examination without a request, and besides she had diagnosed her own case, and she would not have believed me anyway.

Another instance. A woman, whom I thus fooled along to the fifth month, told her neighbors that I was the meanest man in the county; that I had "given her something to make it stick tight," so that the drugs she took did her no good

Upon one occasion, seven years ago a man called to see me, an absolute stranger, living twenty-five miles from here and asked me to help him out of his trouble. He said he had a nice wife and several little children, but that he had been visiting a neighboring widow, whose husband had been dead a year (she was in mourning) upon convenient occasions and had gotten her into trouble, and now wanted me to go over with him, operate on her (commit abortion), and then he would send for his home doctor to look after her case. Of course I declined. He then offered me $200 to do the work. I informed him he hadn't money enough to induce me to do the work; that I never hesitated doing such work when the exigencies of a case demanded, perhaps to save the life of the woman, but never in such an instance.

A week afterwards he and the woman came to see me and tormented me with their tearful importunities for an hour, even offering me $500 for the job. But when I told him $5,000 would not change my mind, they finally left, and how the trouble finally came out I do not know.

Subsequently, the father of a comely buxom lass called to have his daughter examined. He said he wanted to know the truth. I found her about six months advanced in pregnancy. I obtained, distinctly, fetal heart-sounds and digitally ballottement. The girl cried and protested her innocence; declared I was mistaken; that she had a "tumor." Three weeks after she had consulted me her "tumor" was delivered, but by whom, I know not. Her father, meeting me a few days thereafter, confidentially informed me that her case turned out to be a "tumor" and that he had had it taken away. I smiled and remarked that if he had waited a little longer, the usual time of nine months, nature would have done the work.

About eighteen years ago I attended a woman who acknowledged to me that a certain physician had done a criminal operation on her at her home. She had flooded frightfully; her features were a waxy pallor and she fainted on the least bodily movement. She was still flowing some, with very slight color to the discharge. I checked this at once by applying the positive pole of the faradic current to the cervix and the negative pad over the womb, and with a little medication she was soon well.

About the same period a young lady of seventeen years met two of us doctors in consultation, ostensibly to have something radical done to get her out of her predicament. Her brother-in-law, she acknowledged, was the author of her trouble. We explained to her the manifold dangers and criminality of such work and advised her to go to some institution and remain until she was confined. This she would not do and declared she would take something herself. About two weeks after this occurrence a neighboring physician was hurriedly called to her, found her flooding and rapidly sinking. They buried her in the little cemetery on the hill.

When a physician is called to a case of this kind, it is wise to have council or a trained nurse and a thorough explanation of the case, in the presence of both. There are a great many unprincipled whelps in this world, and people mean and depraved enough to connive at such work and jeopard the life of a woman would not hesitate levying blackmail on the doctor. A German medical friend of mine, a very skilful surgeon, was called to a case, in just such an emergency, the woman dying. The unscrupulous scoundrels then tried to blackmail him, alleging the former had committed the abortion. He had quite a family and was a very religious and conscientious gentleman. The matter so preyed upon his mind that he committed suicide. I had the same scheme once tried on me, but I told them in language more forcible than elegant to get out of my office and that, if they ever troubled me again, I'd fill them both full of cold lead. I could kill a skunk of that kind with good grace. That settled the matter mighty quick.

J. H. L.

——, Iowa.

SOME OF THE ESSENTIALS—FIRST, ELIMINATE!

I read with some interest your opening article in the February number of CLINICAL MEDICINE. The paragraph which struck me forcibly was the one stating that you did not want "interesting" cases, but just "every-day" ones.

Now, I have been an exceedingly interested reader of THE JOURNAL for nearly six years and think it is the best journal I read, and this for the very reason that *all* of the articles are on every-day matters and not about the exceptions that less than one-half percent of the physicians see in nine-tenths of their careers in practice. Some fellows always seem to be hunting for something that nobody ever saw before and, perhaps, they may never see again. I always feel

a little backward about appearing in print or writing something about my views because I feel that I am no literary man, and also, the things I may write would seem below par to some other reader.

I have a few set notions about disease and its treatment and they may not strike the other fellow, but I seem to get good results by following out my general scheme in handling my cases. As I have been out of college only six years, I always feel that I am too young a member of the profession to be expressing views.

To my mind, disease and its treatment resolves itself into a comparatively simple matter, if one can establish a satisfactory theorem or hypothesis as to the cause of the disease, and then apply a philosophical method of correcting this aberration from the normal.

As it appears to me, the causes of a large portion of diseased conditions are few, viz.: first, taking into the system some poison, toxin, foreign substance or toxin-producing matter; second, the non-elimination of normal toxins or the insufficient elimination of toxins produced in excess of the normal. Of course, there must be some deviation from the normal for the system to refuse to eliminate either the normal or the excess of normal toxins.

Here is where we get to the first or prime causes of our trouble: general low cell-resistance and impoverished cell-power. These may be due to poor, unwholesome food, etc., lack of exercise, exposure without proper precautions taken after exposure, such as not changing clothing after having been exposed to inclement weather, or not dressing according to the weather, etc. Hasty, cold lunches, or quick lunches in general, gulped down in a hurry and then starting in to work again on an improperly consumed meal. The things which lower the vitality to this point of non-elimination are too numerous to mention them all, but the few mentioned above may be enough to convey the general idea.

Now we come to the question of how to treat disease. Since the causes are so few, we ought to decide whether the patient has taken poison or whether some foreign substance has entered the system, either through the alimentary tract or by inoculation, or whether some toxin-producing substance has been taken into the system.

It matters little whether pathogenic bacteria enter into this list or not; they can readily be classed as either foreign or toxin-producing. It goes without saying that non-elimination is the only logical sequence of having had introduced into the system some of the above-mentioned substances.

Now to the treatment: Begin to eliminate right away—not through the bowels alone, but establish general elimination through the skin and kidneys as well as through the bowels. Then maintain an aseptic condition of the bowels with some suitable intestinal antiseptic. Apply the same rule to the urinary organs if need be. Follow this primary step with the judicious use of your indicated medication, whether homeopathic or not. Also feed your patients—don't starve them. By this I do not mean, stuff them, but maintain nutrition by giving them something, no matter how little, to feed the already starved cells. This is where nuclein and the like products play an important part, especially in high febrile conditions with a generally exhausted and impoverished system, such as typhoid, diphtheria, etc. Of course, a legitimate amount of light feeding is also required. The clean-out, clean-up, keep-clean idea ought to appeal to every thinking man.

I find that sometimes the initial step of emptying the bowels first, often is the only thing which eventually gives us a diagnosis. A case in point:

I was called to see a child of one and one-half to two years of age. The mother said that the child was having convulsions. I looked the child over; inquired as to bowels. The mother said they were all right. Did not take her word for it, proceeded to find out for myself. There was considerable fever, 104°F. I put the child on aconite, instructed the mother to immerse the entire body of the child in a tub of hot water,

when a spasm was coming on or had come on. Ordered castor oil and enemata. No results from castor oil after two days' trial, using it twice a day. This put me on guard, and I was about to have an x-ray test taken for probable obstruction, but deferred a day longer to give the child a liberal dosage of slippery-elm tea followed by a good dose of castor oil, to be repeated in two hours. Eventually, on the night of the third day after first seeing the child, there was an evacuation; stools black, mingled with bits of string, particles of corn cob, broken match sticks and other material which might be picked up off the ground.

I think this is a good example of what you are apt to run into by a policy of getting the bowels empty before doing much else. It is needless to say that after what I have just described took place, there was little else for me to do, so I dismissed the patient the next day.

Another case: A man stepped into the office a few days ago. Complained of headache, pain over both right and left iliac region, felt heavy over the eyes, could not eat anything, had slight sensation of nausea, had to quit his work at noon and come home because of feeling so mean. Temperature normal, no fever as yet in sight. Put him on half-grain doses of calomel, for ten doses, with instructions to take saline laxative on finishing the tablets and to repeat the saline if the bowels did not move in two hours. Also gave him a few capsules of aspirin, 5 grains each, to be taken every two hours after having used all of the calomel and having obtained the desired results from the saline. He reported the following day, was much improved, and still no fever evident. Ordered him to continue the aspirin capsules three times a day and report later if he had any return of symptoms. He dropped in two days later and said he thought he was all right. I looked him over and considered the case fit to dismiss.

What was my diagnosis? Well, I did not have any and suppose I never shall. It looked like the onset of the grippe, without ever getting that far.

By the way, I am using aspirin in adults, where you would probably recommend the sulphocarbolates, and so far am well satisfied with its action. It seems to be somewhat of a febrifuge as well as a good intestinal antiseptic. It is a type of salicylic acid, or rather an unstable salicylate which is converted into salicylic acid in the intestinal tract or by contact with moisture; at least so I understand it.

The two cases I have just cited are intended to show two phases of the clean-up process. In the first one it established a diagnosis; in the second we had a cure of some trivial derangement without a positive diagnosis.

I send this little communication for its face value. If the waste-basket is your depository for such material, deposit it there, even if it doesn't draw interest.

F. N. Richardson.

Cleveland, Ohio.

—:o:—

A lot of good sense in all this, Brother. It is the grasping of these apparently simple principles concerning toxemia, elimination, etc., which makes many of even the "hard" things and the "rare" things easy to "our folks." The aspirin is undoubtedly a good thing, and like the other salicylates acts very much as you say—as an intestinal antiseptic. That's probably why they are good. But the sulphocarbolates have so many advantages over these remedies, as regards effectiveness as well as cost, that we really can't see our way clear to advocate anything else.—Ed.

TWO CASES OF AUTOTOXEMIA

I wish to report two cases of autoinfection which have come under my care recently. In March, 1905, May V., age 5, a child of fair development, though never robust, went out walking with other children, and finding some walnuts which had lain out all winter, ate some of them, and while doing so became thoroughly chilled. I was called within 36 hours and found slight fever, coated tongue, loss of appetite, marked suspension of excretory functions,

and a condition of semicoma which deepened very much till the child could scarcely be roused at all. There was marked prostration.

This condition persisted for nearly a week. Nothing seemed to have any effect on the excretory organs. Calomel in large doses together with podophyllin, castor oil in immense doses, and high colonic injections repeated every six or twelve hours, all seemed to have little or no effect on the bowels. There was no pain and no flatulence, nothing to indicate obstruction, only this condition of profound intoxication. The bowels began to move slightly in about a week and conditions gradually improved to ultimate recovery.

In December, 1906, my own child, a boy of three years, developed similar conditions in a similar way. He was a vigorous, healthy child, rather small for his age, but never sick before. The condition was precipitated by cold. There was a suspension of the functions of the alimentary canal. In this case there was high fever, coma, anorexia, no pain nor flatulence. The condition showed profound intoxication. The bowels moved every day, but unsatisfactorily, and then only under powerful stimulation in the form of calomel, 6 to 10 grains, followed by castor oil, 1 to 1 1-2 ounces. This child's temperature ranged from 102° to 105°F.; averaging about 105.5° for about four days. There were two periods during his sickness when death seemed sure, and I believe death would have come but for my vigilance.

In both cases I had council and they concurred in the diagnosis and treatment. This child also recovered. The plan of treatment in both cases was eliminative, with intestinal antisepsis and antipyretics added in the case of my boy. Besides this, an ice-bag to the head and internally the effervescent compound. I first tried the trinity, but afterward changed to the stronger preparation when the first failed to give results. I have read everything on this subject but thus far have not found anything that is entirely satisfactory either in description or in treatment.

This is a condition which calls forth every reserve force a physician possesses and he must strike sledge-hammer blows if he expects to beat back the grim reaper. No half-hearted or tentative plan will give satisfactory results.

I should be glad to hear this subject discussed in the journal. Should like to have comments from Drs. Waugh and Abbott.

W. W. SHAFER.

Sweet Springs, Mo.

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These cases certainly try the energies and resources of the physician. In no condition is the clean-out idea more to be insisted upon. No half-hearted efforts with mild laxatives will do. Here the high-enema with the long tube must be used and repeated till the obstructing mass gives way. Get results! In older patients the kerosene-oil enema will often loosen up the impacted fecal mass, but children require caution and tenderness in treatment. Cathartics are used very much as Dr. Shafer has himself employed them. Let the "family" advise.—ED.

A DRUGGIST OBJECTS

I beg to hand you herewith reply to paragraph two, page 691 of your June issue, which I trust, in justice to the pharmaceutical profession, you will publish. Your comment reads:

"There is before the State of Illinois at this moment (and it has gone to second reading) a bill 'exempting from the operation of the pure-food and drugs law, drugs recognized by the U. S. Pharmacopeia and the National Formulary, sold under the name by which they are so recognized.' Now, if there is anything on earth that is uncertain it is the galenical preparations sold in the retail drugstores. If there is anything that is susceptible of sophistication any more than these it is not known to the writer. Therefore, why should they be withdrawn from the action of the pure-food and drugs law. They certainly should not; and any effort to do so merely brands itself as a movement, on the part of drugdom, to do

just as it pleases, while seeking the control of everything and everyone else—especially the doctor."

In the first place, I desire to correct a seeming misunderstanding of the exemption clause. This clause in no way permits the deviation from U. S. Pharmacopeia and National Formulary standards, but merely removes from the retailer a task which even the largest manufacturing houses with well-equipped laboratories have difficulty in performing. I refer to the computation of the amount of absolute alcohol present in galenicals.

Furthermore, do you realize that all potent drugs and their products are standardized, and that the *present* laws in most states are now so stringent as to render sophistication impracticable, also that the average druggist, lacking time and facilities to carry out the assays, is obliged to purchase assayed tinctures from the manufacturing houses? Now, having shown that proper safeguards exist for the preservation of toxic U. S. P. and N. F. drugs and their preparations, your imputation is that the great majority of druggists produce unreliable simple galenicals first, because they are lacking in skill to obtain proper results in carrying out well-defined processes, processes and formulas compiled with the aid of physicians as well as pharmacists, and second, because of wilful sophistication.

Either imputation is an insult to the great body of capable and conscientious pharmacists.

I would call attention again to the fact that the pure-food and drugs laws, both State and National, are essentially labeling laws, and that the labeling of U. S. P. and N. F. products sold at retail and on prescription in conformity with the same could work no possible good to the public.

And further, it would seem only reasonable that in such an event prescriptions should not be excepted and here would come a strenuous kick from the medical profession and demonstrate their inconsistency.

WILLIAM MAJOR, PH. G.

Menasquan, N. J.

—:o:—

In the editorial pages of this issue we have already replied to this criticism. It has been and is our purpose to give facts only. In this case it seems our source of information was at fault, the design of the law (which failed of passage) being simply to exempt such of the official preparations as contain the poisons specified in the National law from the regulation requiring the affixing of a label stating the presence and quantity of such poisons. Physicians' prescriptions were also included in the exemption. It seems no question of purity was involved.

But we must respectfully beg leave to differ with Mr. Major in his assumptions that "the present laws in most states are now so stringent as to render sophistication impracticable," and that the standardized galenicals are uniformly reliable. Such exposures as are mentioned in President Bryant's address at the last A. M. A. meeting (see the first editorial, this issue), and are constantly being noted in the drug journals, show the chaotic condition of remedies of this class—even when "standardized." The fault inheres largely in the remedy itself, its unavoidable variability and instability, more than in the man who sells it. We have nothing but friendship for "the great body of capable and conscientious pharmacists."—ED.

DOING HIS BEST: AN OPENING

Just a few words about my work and how I do it. First I will say that I carry a limited number of alkaloids (as many however as I have been able to study and learn the use of). I have the little sample case (9 bottles) received with my CLINICAL MEDICINE, and three 12-bottle cases, or all told, 45 bottles. These I keep filled from stock bottles. I can carry all four cases in my coat pockets, when necessary. In addition to the foregoing I carry intestinal antiseptic tablets, menthol compound, calcidin, nuclein, calomel with aromatics, etc., etc. So you see, when I arrive at the bedside of a patient I have about fifty alkaloidal remedies in my reach for immediate use. I never treat a disease by name but treat the patient according to conditions and circumstances.

Medicine for effect, and to effect—and *I am the judge.* I have lived here at Carrizo Springs now twenty-four years, have had a hard time—have perhaps not done the best that could be done, but have done the best I knew how. There is now a great field open here for some "up-to-date" doctor, a large field totally unoccupied—but, please, don't write to me for particulars, I cannot answer. "*Come and see.*" I am studying the new H-M-C anesthetic with considerable interest.

M. W. C. Frazier.

Carrizo Springs, Tex.

—:o:—

"The best I knew how"—if every man would do that what strides we should make! The opening which Dr. Frazier offers seems to be an excellent one and we hope that some good active-principle man will snap it up. —Ed.

DISPENSING

Your January editorial on dispensing strikes the keynote to the situation. I believe seven out of every ten physicians agree with you and would gladly welcome dispensing by doctors, but they are a little afraid to get out of the rut. It might be unpopular among their brethren and their friends, the druggists, especially the latter, who usually have considerable influence in the smaller towns and occasionally use that influence in an energetic and unfair manner, to the detriment of the dispenser; which, however, does not injure the dispenser, for he gets results, and people know it and go to him when they need medicine.

I have on several occasions been dismayed that the druggist made mistakes in filling my prescriptions, one of which might have resulted fatally had I not noticed it in time. The clerks filling these prescriptions were incapable; but how are we to know good men from poor ones? Someone will say, "The doctor makes mistakes, too." True! But why not eliminate all possible errors by dispensing your own medicines? It looks unreasonable that a physician should use the greatest care in making a diagnosis and then trust to the druggist, who has no interest in the doctor or patient, to prepare that which is the most important to the patient. Are we not exercising undue faith in the druggist, without reason? R. Connell.

Odessa, Wash.

QUINSY, SCIATICA AND GALLSTONE

I commenced the study of the active principles before stepping out over the threshold of the medical college, and each year has found me more firmly rooted in the faith, and now, had I to choose, I should sooner drop the practice of medicine than discontinue the active principles. I shall only take up a few loose ends to show why.

I can recall when phlegmonous tonsillitis was to me a *bete noir*, but with nuclein it is so no longer. I have jugulated it in innumerable instances. In the case of a young woman, whom I had treated through many of the most sudden, violent and persistent attacks that have ever come under my observation, I had run the gamut of the remedies of the authorities without ever succeeding in jugulating a single attack. In many instances I would lance and lance again, and still the siege would endure for weeks and she would finally come out almost wrecked. During the past year she has had two as typical incipient attacks as any time before, and in both instances I have succeeded in entirely clearing up the attack in twenty-four and forty-eight hours, respectively. In neither of these two instances has she come under my observation as early in the case as in some of the former instances when I failed to jugulate. The treatment that gives me results is in a general way about as follows:

Calomel, gr. 1-6 and podophyllin, gr. 1-6 every half hour for six doses, followed by saline laxative; nuclein four tablets, calcium sulphide two, echinacea two, and aconitine one every hour; local cleanliness by means of solution of menthol compound tablets with ice in the mouth, cold externally, with perhaps some counterirritant, such as iodine, used externally over the region of the tonsil. The results obtained by these means cause

me to meet an incipient quinsy with confident assurance of ability to jugulate the attack.

Another bugbear formerly was sciatica, which with alkaloidal means has resolved itself into a simple matter—pain being controlled in a few hours and recovery assured in a very few days. The means employed has been to clean the bowels with calomel, podophyllin and saline; bryonin, one every fifteen minutes till relief of pain follows, then every hour; aconitine one or two, colchicine one, macrotin one, and perhaps rhus tox., one of each every two hours. Calcalith one and arbutin one with a glass of warm water every three hours, and salithia every morning. Local measures, such as heat or cold, ethyl-chloride sprays, guaiacol painted over the nerve, or a menthol tablet burned on skin on exit of nerve, stretching nerve by flexing straightened limb on abdomen, together with massage, absolute rest and appropriate diet assistance.

In case of hepatic colic I now find little use for the so common morphine "shot," and results are better and the drug after-effect is absent. Some time ago I was called late at night to attend a case of this kind in the person of a woman who was here on a visit from the city. When I began by administering glonoin, one, strychnine arsenate, gr. 1-134, hyoscine one, and dioscorein three every ten minutes, she informed me (between groans) that she could not tolerate morphine by the mouth. When I replied, I were giving her no morphine, I noticed that she eyed me with deep suspicion as to my competency. The above administered for six doses resulted in complete relief. I went away after ordering a copious dose of olive oil, and strychnine arsenate one, and hyoscyamine one, to be given every hour for a few doses if she remained awake. I also ordered teaspoonful doses of sodium phosphate in warm water before, and intestinal antiseptics, one, after meals, with appropriate diet and hot applications to abdomen.

The following day I called to meet a grateful patient's cheer, and she was feeling fine. Her husband, who had been sent for, had arrived and both told me how formerly she had always suffered for a day or two after previous attacks from after-effects of drugs but which now were absent. She had had frequent attacks for a period of twenty years and during that time had at various times been treated by about a dozen different physicians during attacks, and the morphine "shot" had been in evidence every time until she had come to regard it as the only possible means of relief. Before she returned home I provided for her taking a digestive tablet, two before meals; sodium succinate, grs. 5; and boldine, three, four times a way, with saline mornings to ward off future attacks.

O. W. Hubbard.

Batavia, Ill.

—:o:—

When a man can treat such diseases as quinsy, sciatica and gallstones successfully, relieving cases which heretofore have gone the rounds of doctors without benefit, he certainly has a right to feel pretty well satisfied with himself, and as a matter of fact we believe that most of our alkaloidal friends have something of that kind of a feeling. The alkaloidal men are certainly doing the work and getting the results.—Ed.

WHY ONE MAN "CANNOT GET ALONG WITHOUT CLINICAL MEDICINE"

I cannot get along without Clinical Medicine, as it always contains a "bunch" of practical pointers that one can apply in his everyday work. Dr. Butler's letter to Dr. Abbott in the April issue is one of the best things I have read for a long time regarding the existing conditions as regards applied therapeutics, and it is too bad that more articles of the same sort are not published. I agree with Dr. Butler that there is too much diagnosis and not enough therapy. The diagnostician who gives more attention to his microscope than his patient is invariably the man who makes beautiful reports on pathology, but as we say in mining camps, proves to be a "missed hole" on treatment, and to a miner a missed hole is about the most dangerous thing he can run up against.

The average medical journal of today devotes much space to the pathology of the

case without a great deal to the treatment, and the average doctor has gained but little of a practical nature after wading through page after page of highly scientific matter, unless he happens to be a teacher in some metropolitan center. Of course a knowledge of bacteriology is necessary, but what value is to be attached to such knowledge if one does not know how to combat the action of the "little bugs."

Someone concludes that quinine is a specific for pneumonia and proceeds to write a high-sounding article on the subject, but fails to report very many cases to substantiate his theory. In spite of this fact, there will be found men all over the country who forthwith give quinine in every case, no matter what the conditions may be, and their patients die. The remedy is taken up because the article appeared in a high-priced, ultra-scientific journal, and for that reason it is assumed it must be just what it is represented to be. If one were to suggest the aconitine, digitalin, veratrine or strychnine treatment in such cases and say that the remedies were suggested by a journal that paid equal attention to diagnosis and treatment, and did not pose as being a publication given to the propounding of other than good "hoss sense," the reply would be that the latter did not publish scientific matter in the same ratio as the former and that reports in the latter were sent in by country doctors.

The average country doctor is the best doctor in the universe. He comes in contact with more cases than his city brother and is placed in a position frequently where he must rely upon himself, and himself alone. He does not have a specialist near to consult with, but goes ahead and treats his case. He may not know all the new things that are going on in the medical world, but he does know enough to treat symptoms that may come up, and he does it in a way that brings results in spite of the fact that he has not all of the scientific apparatus at hand to determine the opsonic index or some other new-fangled thing that is being written about.

I like Clinical Medicine because it pays more attention to scientific medication than to diagnosis. I remember how our old professor of pathology used to say: "Boys, go out and treat your case, and if you are not sure of your diagnosis, simply treat symptoms as you find them. Say that the patient is sick and go home and read up." There is the whole thing in a nut-shell, treat symptoms in spite of what name is given to the specific condition. There is too much treatment of disease and too little of symptoms.

I was called to see a little fellow a few nights ago who had an elevated temperature and no other symptoms. I did not know what to call the condition and have not called it anything as yet, nor expect to do so. I cleaned him out and gave him a few doses of aconitine, and the next day he was out at play.

Quinine may be a specific in some cases of pneumonia when the conditions are such as to indicate that remedy, but I do not believe that it is an infallible remedy. I have seen three cases die this winter in the practice of a brother-physician under quinine treatment, and he still sticks to the Peruvian bark alkaloid. I have tried to talk him into using the dosimetric trinity, but he is afraid of aconitine, saying that he would expect heart-block, but at the same time he prescribed coaltar derivatives.

The great trouble with the men who say that they do not believe in active-principle therapy lies in the fact that they are not consistent. In their minds such things as codeine, atropine, morphine, heroin, and numerous other alkaloids are not active principles. On the other hand, the derivatives as made by responsible manufacturing chemists are active principles that had best be used with extreme caution. The great trouble with these men is that they are not thinkers or searchers after the truth. They would rather give a tincture of aconite of practically unknown strength than the active principle of known strength.

The average druggist of today, as has always been the case, is not informed as he should be, and does not know that the eighth revision of the U. S. P. has made some radical changes in the strength of tinctures and other preparations. I had occasion some little

time ago to get some tincture of aconite with which to prepare a liniment and asked the druggist if it were the 1890 or the eighth revision strength. He did not know nor did he seem to care. I used it as 1890 strength, in order to be on the safe side. I would not, under any circumstances, have given the preparation internally, for the simple reason that I would have been fearful of the results. What one wants is results, and he gets them with active principles in almost every case; so why not preach what you practice in this case. I realize that the alkalometrist is not the man to whom the druggist looks with a great deal of favor, but he serves his patrons as well, if not better, than his brother-practician who prescribes the old galenical preparations.

I want to know more about active principciples and am going to if close attention to CLINICAL MEDICINE will be of any assistance; and as it has been in the past, I am not looking for any trouble in gathering information from its pages in the future.

GEO. L. SERVOSS.

Fairview, Nev.

TOXIC ACTION OF THREE MINIMS OF FORMALDEHYDE, EXTERNALLY APPLIED

For the past four years I have been treating external malignant growths, including cancers, with formaldehyde in full strength, externally applied. Not one of these cancers thus treated has returned. I have come to regard it by far the superior treatment, when skilfully applied. I found that in most cases the application produces but slight pain, and none at all in others. Pain may be anticipated by local anesthesia, in all cases. When used about the face, the eyes should be closed and bandaged and the nostrils plugged to avoid the pungent action of the fumes.

Up to the experience I am about to relate, I have observed only a local effect. It is not the design of this article to describe the technic in the treatment of cancers with formaldehyde but to relate my own personal and vivid experience with three minims of the agent applied to a small eczematous spot on the scalp just above and a little back of the right ear. This spot was slightly denuded and was about the dimensions of a kernel of corn. The locality was just posterior to the auriculotemporal nerve. The application was made by means of a small swab which was lightly pressed to the part for a few moments and not more than three or four drops could have been applied. In less than five minutes my strenuous experience was ushered in, and for about two hours my torments and suffering were indescribable. I should state that I am 76 years of age and in vigorous health. My first sensation was that of a deep pricking of the surface which rapidly extended over the entire body, from the crown of my head to the very tips of my toes; not a square inch was immune. It was impossible to remain in a quiet and decorous position. My arms and legs performed all the evolutions that their muscles were capable of making.

Hoping to find relief in a cooler atmosphere, I threw off my coat and rushed out of doors. But there my muscular strength was exchanged for extreme prostration, to the verge of syncope, and with difficulty I regained the house. My fingers on my right hand became cold and numb up to the knuckles. The weakness progressed and a terrible shrinking coldness came over me. The little jabbing devils continued to infest my skin. My scalp seemed to be in a hornet's nest. My lips became thick and my face took on the hue of a boiled lobster.

Here a new condition unfolded. My stomach took a hand in my torture and cast up more than its contents. I had not eaten anything for seven hours. There must have been exosmosis at some point, for my stomach found a large quantity of fluid to expel—the last was as black as ink. To add variety to the case, my bowels here took an active part in the melee, and from some central intestinal point agreed upon between stomach and bowels, I was made vacant indeed. My coldness would not relax and held fast just as though I

had taken a bath in liquid air. I began to debate whether life was really worth living under these conditions. I was amazed at each new turn and wondered where it would land me.

Job's urticaria was less acute than mine. He knew nothing of the exquisite sensation of a pruritus with ten thousand deep pricks in his skin. Should I curse formaldehyde and die?—my old friend that had, as if a magic wand, banished so many cancers for me and brought needed fees?

I can have no idiosyncrasy as to the agent. I once applied formalin freely over a circumscribed spot on my body for dermatitis, with only local effect. But here I was, semicongealed and collapsed by *three or four drops externally applied.*

I can think of no solution of this unique action of formaldehyde in my case except that it was applied near the superficial auriculotemporal nerve. But, then, on this supposition the following case needs solution:

Six years ago I treated an ulcerating cancer the size of a silver dollar, situated just below the lower lobe of the ear and over the posterioauricular nerve. The patient was 74 years old. I killed this growth with repeated applications of formaldehyde, and with nothing but local effect. There was no pain after the first application.

The entire program in my case was an enigma to me; but on general principles I took of my own accord a large dose of pilocarpine. In bed I was surrounded with a pack of hot bricks. This treatment quickly modified the conditions and after three hours I was fully myself again—next-better than common.

Now, I can understand how the pilocarpine might have caused the peculiar performance enacted by my stomach and bowels. But that is as far as I can solve the problem. The treatment appeared to meet the conditions; but what caused the train of symptoms? The local pain was not a prime factor in the case, but I don't think that anyone could be induced to undergo a second time a similar experience.

Should formaldehyde in full strength be used externally? I think that it may be so used with proper precaution—and with local anesthesia; I am now so using it.

C. E. Witham.

Lawrence, Kans.

THREE CASES OF URIC-ACID DIATHESIS

The first case was a man, 48 years of age. He told me he had been treated by numerous physicians, without relief. I examined him and found his whole body covered with an eruption resembling urticaria. His urine was strongly acid, sp. gr. 1031. I ordered him to leave off meat entirely as well as saccharine foods, and to drink plenty of water between meals. I ordered a tablespoonful of saline laxative every morning before breakfast.

I now gave him fifty tablets of calcalith and ordered two tablets to be taken after meals, to be washed down with a glassful of water. On going to bed that night, I told him he should take a hot bath with plenty of sea salt in it to dry gently and go to bed The next morning I ordered him to rub the whole body with the following ointment for the itching and to repeat it night and morning until his next visit:

Chloral hydrate	dr. 1-2
Menthol	dr. 1-2
Carbolic acid	grs. 15
Lanolin	drs. 2
Boroglycerin	dr. 1
White vaseline, q.s. ad	oz. 1

The following week he came to me and said the itching was very much better and that his urine was very dark and smelled very strong. I ordered another sea-salt bath and also gave him more calcalith, to be taken as before, also to rub in the ointment night and morning until he called again. Of course the saline was not omitted. The following week he came and said the itching was all gone. His urine was lighter in color and did not smell so strong. I now stopped external treatment but continued the calcalith with saline laxative mornings. I told him to bring a bottle of urine when he came again.

The next call was a week later. He said he was cured and did not think he needed any more medicine. I examined his urine and it was slightly acid, sp. gr. 1024. I gave him another supply of calcalith and ordered one tablet after meals and on going to bed, and requested him to call again in two weeks.

When he called I found him in very good condition. The eruption was all gone, his urine normal, appetite good, bowels regular and all itching gone. I gave him another supply of calcalith and instructed him that if itching returned to call and see me. It is now a year ago and he has had no return of his former trouble.

The next case was a man 76 years of age. He had a similar affection, with very acid urine, and eruption on the lower abdomen and upper part of his leg. He was treated with calcalith, hot salt baths, saline laxative and the ointment for external use, and he got entirely well in six weeks' treatment.

In this case I wish to note that he had been a sufferer from rheumatism for years, and to my surprise this also disappeared by the treatment given and he had not had any return of it since, and that was seven months ago.

The next case was a girl twelve years old who had urticaria over her whole body last summer. On inquiry I found she had been eating a lot of strawberries during the early summer and the latter part of August she ate some peaches which brought out the rash. I ordered all fruits, meats and sweets stopped and ordered a teaspoonful of saline laxative mornings, also one calcalith tablet after meals with a half a glass of water. I also ordered a hot salt bath, to be followed night and morning with the ointment.

She reported again in a week. Her itching was all gone. The eruption had almost all disappeared and she said she felt better. I gave her another supply of calcalith and told her to call in two weeks, which she did, when I found her all well. To make sure it would not return I gave her another supply of the same tablets to last for two more weeks. I saw her mother after that time who said that her daughter was now entirely well.

W. F. Radue.

Union Hill, N. J.

REMINISCENCES OF AN OLD DOCTOR

Having given up all outside work, and having reached the age of 68 years, forty-three of which have been devoted to the practise of medicine, I have much leisure time for contemplation and review of past experience; and devote much of this to the thought of "might have done better."

As I sit by my open window viewing the fruit-blossoms put forth their beauty and exhale their delicious perfume, my ears are pleasantly excited by the tuneful notes of the mocking-bird and the cardinal grossbeak, trying to rival each other in their songs of praise to the Giver of all good things, the boastful hens, like a bevy of gossiping women, are discanting on their great performances of the morning. While thus environed, my thoughts began to wander to the past. I seemed to be reincarnated, to be back to young manhood with all its joys, hopes and ambitions.

I seemed to be in the amphitheater of Bellevue Hospital, witnessing a capital operation by Prof. J. R. W. It was a half-circular and flap operation on the thigh. Young as I was—and but a novice—I could not but observe the extreme difficulty with which the flap was made to meet the circular cut. The professor had remarked that such operations need not last long if one only understood the technic. He was a very excitable, energetic man of great skill. He had set himself a time limit for the operation, but lessened it by five seconds. The doctor was also, unfortunately a victim to the "drink habit" and I think was slightly under its influence at the time.

Be this as it may, the patient was hurried down on the stretcher to his ward, not, however, before the professor had remarked, "Gentlemen, what a splendid flap—a capital operation for the case." It was indeed a capital operation for the patient, as he headed for "kingdom come" one hour afterward,

in consequence of a second operation, to obtain a greater length of flap, to ensure a better covering for the femur.

Again my dream-thoughts change to a scene in Brooklyn, N. Y., where I was acting in the capacity of house-surgeon at the Brooklyn Medical and Surgical Institute. A German saloon-keeper was brought in for amputation of the lower third of the thigh. He was a drinking man, but had been quite temperate for many weeks under the command of Dr. B. He had a badly ulcerated lower limb, denominated in those days as "scrofulous;" therefore, as these ulcerations seemed to be incurable, it was decided to amputate. All such cases were turned over to me to finish off as soon as stitched. The night succeeding the operation the patient called me up to drive off some rats that he said were biting at his leg. He seemed to be perfectly rational, but there were no rats. I quieted him as best I could until morning, when I sent for the doctor who administered to him veratrine and opium. These were the supposed specifics for delirium tremens at that time. This was my first practical introduction to this disease or complication attending capital operations. How often have we witnessed similar effects to follow like cause (alcoholism) after severe operations. Of late years we have ceased to give it as a stimulant or energizer, believing it to do more harm as an energizer than it does good as a reconstructive, or a food, or even a poor substitute for it.

If alcohol is an influence for good in certain cases, as is claimed by some, I have failed to perceive it; but one thing my experience does teach me, namely, it certainly does not add to the sum total of human happiness.

"It would indeed seem absurd, in view of the immense amount of evil that it creates, still, in view of the almost universal use of alcohol throughout the world in some form or other, its advocates have certain specious grounds for their position. Nevertheless, it may be, like certain diseases which are accompanied with a special euphoria, as damaging to the victim in one case as in the other.

"If all men could get the exalted delusions of paresis, the sum of human happiness would certainly be increased—for the time; but it would mean irreparable damage to the nerve-centers. We may say the same of the pleasures of alcohol; and if it is dangerous to the system, is followed by reaction and tends to racial and individual degeneration—as we have sufficient evidence to prove—these things ought to be considered before the physician contemplates its advantages in his practice."

Of late years, when the advantages of certain of the alkaloids as temporary energizers and heart tonics have become so apparent, is it wise for us any longer to permit the ignorance of the laity on the subject of alcohol so to fool them that they pass laws encouraging its sale to the people as a beneficent therapeutic agent? I have the past few years continually butted against doctors who prescribed alcohol as a heart tonic, when they knew, as they stopped to think, that digitalin, cactin, strophanthin or glonoin were far better and more to be relied upon as heart sustainers or controllers.

But a change for the better is taking place daily, ever since the good old CLINIC commenced, over a decade ago, to foster and encourage the more extended use of the alkaloids. Dr. Abbott and the rest of the CLINIC "family" have done a noble work, and future generations will arise and call them blessed. As I sit in my office this beautiful day in March in "Sunny Florida" and think how great a good alkalometry has been to me and my family—not to speak of my patients—I cannot but rejoice that I became a disciple of alkaloidal therapeutics.

As I write these thoughts and reflections, there is in instance a case, a lady-patient, in the room overhead. She (age 84) is now just convalescent from an acute gastritis with localized peritonitis. Providence and the alkaloids—aided by intestinal antiseptics, i. e., the sulphocarbolates—have brought her through. For two weeks she has been confined to her bed. Collapse threatened several times, but the alkaloids came to her rescue each time. Alcohol was not in it.

If these reminiscences, thoughts and reflections are acceptable to the CLINIC "family," I may write more as the spirit moves me.

A. T. CUZNER.

Gilmore, Fla.

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By all means, Doctor, let us have the "more."—ED.

OUR NEW BUILDING: COOPERATION

By this time the readers of CLINICAL MEDICINE must know of the latest expansion of our plant, i. e., the growth of our new building. It is slowly but surely crawling up. On this page we show a picture of the construction work on the foundation. This picture was taken about the first of July, and even now (the 15th) the brick-masons are at work. By the time this reaches our readers considerable progress will have been made with the side-walls.

Foundation Work on the New Home of The A. A. Co

The new building will be a large one—160 feet long, 58 feet wide and five stories high, including the basement. It is to be fireproof throughout, of reinforced concrete construction, with brick-walls. Foundation, columns, girders and floors will be of concrete, reinforced with steel where necessary to secure the greatest strength. It will give you some idea of the immense amount of material required in its construction to know that 2200 tons of concrete are required in the foundation alone, up to the street level.

In every respect this building will be modern, safe; and it has been most carefully adapted to the needs of such a plant. In it will be installed the laboratory of The Abbott Alkaloidal Company and also the editorial rooms of THE AMERICAN JOURNAL OF CLINICAL MEDICINE until our third building is completed. See view in earlier CLINICS.

In future numbers of THE CLINIC we shall give you a series of pictorial views of the growth of the new building. The square deal suits. Cooperation has hit the doctors' fancy. Something that is theirs, that can be depended upon is getting interesting. There are things doing in Ravenswood. The matter of the protection of the profession has been quite freely and fully discussed in these pages, and this discussion will be continued.

We stand for the doctor. It's all right to shout "Clean house! Clean house! Do this and do that!" and most of the time no doubt he would be the better for doing it; but there are two sides to all this. There are others!

IS IT LOGICAL?

Unless surgical asepsis is perfect it is useless.
Surgical asepsis cannot be made perfect.
Therefore surgical asepsis is useless.
Unless intestinal antisepsis is perfect it is useless.
Intestinal antisepsis cannot be made perfect.
Therefore intestinal antisepsis is useless.

Now if some logician will kindly point out the error in the above argument, we shall be obliged to him. And *this* isn't a joke either.

To the above, from the June CLINIC, it may be said that the "error" lies, not in the "argument," i. e., not in the logical progress of the syllogism, but in the assumption, in the premises, of what needs

proof in itself. Thus: the first premise declares that unless asepsis is perfect, it is useless. This is really not true. It assumes the thing as a fact, when it is really a proposition in itself, requiring proof. Half a loaf is decidedly better than none. True, a man may contract a disease from a single germ, but he certainly runs much greater risk from the encounter with a million or two. This examination of the premises is most necessary for correct logic. Most sensible men can reason straight enough if only they start straight. But the ablest are often found assuming in their premises what can be at once questioned.

N. B. I suggest the thought that possibly germs differ, as between individuals of the same class. Possibly one germ may find a favorable resting place where a thousand others of the same name might pass harmlessly over. If it be true that we constantly encounter millions of tubercle bacilli in the air, etc., why is it that, under certain conditions, there occurs infection, and not under others? Is such a thing possible as a harmonic correspondence between individual germs, or between certain germs and certain atoms of tissue? When this vibratory correspondence is similar (or in tune), synchronic action results, and implantation is effected. Let the deeper students think of this.

"Orr Kenyon."

Blue Ridge Summit, Pa.

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He is right: the major premise is to be proved, but our idea was not as to that, but to show that the premises were identical in the two syllogisms. If one is faulty, so is the other. The fault in the surgical one is evident at a glance; but why do so many persons advance the second without seeing that it is likewise erroneous? As to the facts in both, they can not be attacked in either without destroying the other.—Ed.

ANOTHER OPPORTUNITY

A good opportunity is open for a young, middle-aged physician to step into a deceased physician's practice in a growing town in a thickly settled country. Several churches, good school and junior high school. Orange and truck country, good pay. The doctor's widow will rent office and give board to the right man. This is an unusual opportunity for somebody. Address will be furnished.

CALCIUM SULPHIDE AS AN "ITCH" REMEDY

Apropos of your editorial, "A Cure for the Itch", in the April number of The American Journal of Clinical Medicine, I am convinced that your suggestion as to the use of calcium sulphide has been in part anticipated in a case of severe general scabies of several weeks' standing. Calcium sulphide, gr. 1-6 every two hours until saturation, then four times daily, was given along with application of sulphur ointment after scrubbing, with instructions to patient to return in a few days, with a view to fumigating him. The patient, however, made a rapid recovery with no other treatment than that first ordered. Experience in other cases in which I did not use calcium sulphide demonstrates to me that scabies can be successfully treated by means of calx sulphurata without the use of external medication.

A case of boils, that had persisted for weeks, treated with calcium sulphide, gr. 1-6 four times daily, terminated the "crop" promptly, with complete recovery of former health.

F. J. Gobar.

Fullerton, Cal.

UNTOWARD SEQUELAE FROM THE USE OF ADRENAL PRODUCTS

In my rhinological practice I have observed some unfavorable symptoms after the use of preparations of the adrenal gland in the nasal chambers. These were not the result of the employment of any particular preparation or single strength of the drug. In the majority of cases an antiseptic alkaline wash, as glycothymoline of zahnol, properly diluted, was sprayed

into the nasal passages, and was followed by a spray of a 1:5,000 aqueous adrenalin chloride solution, and this by a 1:5,000 solution of adrenalin inhalant in olive oil. After this an application of 1:1,000 suprarenalin ointment was made. In others varying strengths and different preparation of the gland, as suprarenalin and the fresh extract, were used. Upon an average the patients received three treatments a week. A brief report of six cases follows:

Case 1. Mr. L. L. Diagnosis, chronic nasopharyngitis. Intense occipital headache, lassitude, lachrymation and tingling in the nose followed the second treatment and was aggravated by each subsequent application.

Case 2. Mr. W. P. O. Diagnosis, chronic rhinitis. Treatment caused frontal headache, sneezing and increased watery discharge from the nose.

Case 3. Mr. I. W. G. Diagnosis, chronic otitis media and chronic nasal catarrh. Treatment resulted in headache, sneezing and malaise, causing confinement to bed for several days.

Case 4. Mrs. N. B. Diagnosis, acute rhinitis. Extreme lachrymation, an uncomfortable feeling in the head and nose, and paroxysms of sneezing followed nasal application and were of much greater severity than prior to treatment.

Case 5. Mrs. J. M. D. Diagnosis, chronic nasal catarrh and chronic otitis media. Treatment produced an exacerbation of acute rhinitis with the usual attendant symptomatology.

Case 6. Mrs. J. D. Diagnosis, empyema of the maxillary sinus, nasal polypi and chronic rhinitis. The antrum was opened and irrigated, the polypi removed and the patient then treated for the catarrh. A profuse discharge from the nose, with severe inflammation and hyperesthesia of the nasal mucosa followed. In every case the primary temporary blanching of the mucous membrane was followed by a severer form of secondary congestion when the effect of the adrenalin had subsided.

From these cases I conclude that the indiscriminate use of the adrenal gland and its preparations in catarrhs of the mucous membranes should be condemned. Its indications are as a hemostatic, circulatory stimulant (but an expensive one), and temporary relief for hay-fever. Despite the untoward effects following its use, it is serviceable in chronic otitis media of very long standing as a preliminary measure to Politzeration, or inflation, of the middle ear, because it causes a temporary contraction of the nasal mucosa and facilitates the free influx of air through the Eustachian valve.

N. DuVal Brecht.

Washington, D. C.

SCRAP FROM AN OLD DOCTOR'S DIARY

It was just forty years ago today. Yes, February 17, 1867. "J— G—, to visit to wife, $3.00." That's the way it stands on the old book. I was a young physician then; had just located in the old town of Hamilton, Iowa. In fact, it was my first day to offer my professional services to the public. I believed my skill equal to any ordinary emergency. I was anxious to grapple with disease in any form, from infantile colic to the bubonic plague. The day was lovely overhead, and the frost had almost left the soft earth, leaving the mud about knee-deep to the average horse. I had retired for the night, and was sleeping soundly the sleep of the innocent, when a loud Hello! rang upon the night air. I sprang from bed and opened the door, to find a young man on horseback surrounded by one of the worst blizzards that ever came down from the northwest in that country, a terrible snow-storm driven by a fierce wind. I was urged to saddle my horse and go with all possible speed to see a very sick lady some eleven miles north; in fact, it was thought she might be dying when the messenger left.

I started, full of enthusiasm, on that terrible ride. A frozen crust would at times bear the horse's front feet while the others were something less than a fathom in the mud. Sometimes the animal appeared to be standing on one end and some-

times on the other, while the wind and snow were playing a lively game about where my whiskers ought to grow. A light growth of moustache was poor protection against such elements.

At last this ride came to an end, as most things do. We hurried into the house—a one-roomed, unfinished log cabin, open from floor to the unfinished clapboard roof, heated by a cooking stove which at this time had no fire in it; lights were out, fire was out, and all were in bed sleeping soundly. The young man with me was nearly frozen, while I was very cold. We built a fire and made vigorous efforts to get warm.

After a careful examination of the patient, I found no disease that I had ever read of, but learned that during the day husband and wife had quarreled and my patient had feigned death or "possum" or something of the kind, to bring hubby to terms. I suppose the plan was a success, for everything was tranquil by the "wee sma' hours" when I saw her. I decided that she had no disease, and gave her no medicine; went home after daylight and made the charge in my book as above stated.

I now see my mistakes in that case. I should have given her medicine, and had it swallowed in my presence—medicine that would have made her so sick that she would wish herself dead. I should have charged her husband twenty-five dollars for my services and made him pay it, and he would have blessed me for it to the day of his death.

My! the aches and pains of that night's ride. They were so frozen into me that I feel them still in my joints. The small fee that I charged was never paid.

B. Hill.

Huntsville, Wash.

ALCOHOLISM: PROTECT THE FAMILY

From The American Journal of Clinical Medicine we learn that it is proposed to establish in medical schools a chair of alcoholism. There is much need for information on this subject. Whether or not such a chair shall be established, the duty rests upon every physician to use his utmost effort to prevent alcoholism.

In our higher schools of learning we are taught that "the function of civil government is to protect its citizens in all their rights." The founders of this republic well said, "Life, liberty and the pursuit of happiness are among the inalienable rights of man."

The more helpless, the more dependent an American citizen is, the more he needs the protection of the State. Today there are thousands of little ones going down to premature graves because their parents spend for intoxicants the money needed to furnish them with the necessaries of life. Besides, these parents' time—which should be devoted to earning money to support their families—is spent in rioting and drunkenness; and yet, neither the State nor the National Government is doing anything to protect the lives of these children that are being starved to death. Could I but cause to pass before the American people, as a panorama, the vast multitude of waifs who, with wan cheeks and sunken eyes are at this moment stretching forth their tiny, bony hands, piteously imploring the State to extend to them that protection which is their due before they shall be sacrificed on the altar of their parents' appetites, it would excite the sympathy of every heart and call forth a demand for the protection of the lives of these helpless citizens.

By entering the holy bonds of matrimony a woman does not forfeit her right to protection by the State. Who that has practised medicine for a series of years has not seen refined, cultured women reduced from affluence to poverty and want by the men who had solemnly sworn to love, cherish and protect them—spending for intoxicants the money and property which belonged to the family. These men have literally robbed their wives, and no effort has been made by the State or Nation to arrest them in their iniquitous course. Not only so, but instead of loving and

protecting these wives, they have turned their homes into hells on earth. Instead of protecting these wives in their property and homes, the State authorizes an additional robbery by fining the culprits or putting them on the rockpile.

Why is it that no rational effort has been made to protect the wives and children of drinking men and drunkards? It is because we cling to a relic of that paganism which has been handed down to us through a thousand generations; that paganism which treated wives as slaves who had no rights which their husbands—their lords and masters—were bound to respect. This is a disgrace to our civilization.

The property of the man who dethrones his reason with alcoholic liquor or who spends for intoxicants the money necessary to the health and comfort of his family, should be put into the hands of a conservator who would see to it that the wants of the family are supplied, and that the guilty party shall not have one cent to spend for liquor or anything else. By so doing we would create a public sentiment against drinking and drunkenness that would deter the young from forming the drink-habit. This would greatly lessen the necessity for a chair of alcoholism.

I know quite well that it will be objected, "This would be an innovation, something unheard of." No progress has been made in the history of the world without an innovation. Had there been no innovation, we should still be living in houses without chimneys or glass windows. Had there been no innovation the farmer would still be cultivating the soil with a wooden plow, cutting his grain with a sickle and treading it out with oxen.

Every forward step has met against opposition. When Jethro Tull added iron to his plows his laborers broke them into pieces. One of the first machines that was brought to Adams County, Illinois, to cut grain by horse-power, was demolished by laboringmen under the delusion that it was their enemy. Had there been no innovation there would now be no printed books and men would yet be groping their way as in the dark ages. To the winds with the idea that men can be elevated in the scale of intelligence, civilization and morals by keeping in the old rut.

That the wives and children of drunkards should be protected in person and property seems to me a self-evident proposition. If there is a better way than that above suggested, let us hear what it is and put it into execution. If there is no better way, let every physician heartily cooperate in securing their protection in the way indicated.

It seems as if I hear one say, "The State of Illinois provides that the wife of a habitual drunkard can secure a divorce." Ah! indeed! In this twentieth century of the Christian era, and in this enlightened land, it is proposed to protect a woman in her rights by violating the divine law which says, "What God hath joined together let not man put asunder." Turn a faithful wife, with spirits crushed and health broken, out upon the cold charities of a heartless, selfish world, to end her days in an almshouse! And this is called protection!

I know quite well that it will be objected that "If men are not permitted to use their earnings as they please they will not work." Enforce the law which says, "He that will not work neither shall he eat," and they will quickly work. Impress the young with the idea that the man who dethrones his reason with alcoholic liquor is deemed by society unworthy, incompetent to manage his own domestic affairs, and it will have the effect of deterring them from forming the drink-habit.

S. Henry.

Camp Point, Ill.

A CASE OF MARASMUS

On September 16, 1906, I was called to see R. J., a boy 20 months old, and elicited the following history:

The trouble began three weeks ago with vomiting and the appearance in the stools of blood and mucus. Sometimes the stools were putty-colored. The child was cutting teeth, and, as is not very un-

usual, the trouble was attributed to "teething." Old Dr. S. was called in—a "yarb" doctor and pseudo-homeopathist. Without touching or examining the patient in any way he pronounces it a case of "flux" and prescribes paregoric.

Three days later, still without any examination, he changed his diagnosis to typhoid fever and prescribed more paregoric.

On the morning of the day I was called he said that he had been mistaken in his diagnosis, that what the child really had was "decay of the flesh," and that the family had better call in an old "voodoo woman" and have her "measure" the child and "pow-wow" over it. The parents were disgusted at that suggestion and sent for me.

On examination I found the following conditions:

The patient was emaciated to mere skin and bones, the skin was dry and the muscles flabby. The eyes had an anxious, staring expression and the patient moaned and whimpered all the time. The abdomen was tender, but not tympanitic. The tongue was slightly coated and rather dry. The temperature was 99.6°F. (in the axilla) and the pulse so rapid and thready that it was impossible to count it accurately, but probably ran 130.

The appetite was good, only breast-milk being given. (The mother was anemic and in very poor condition physically.) The stools, of which there were four and five a day, consisted of sticky, greenish mucus streaked with blood; and at times were almost entirely blood. They were very offensive, and their passage was accompanied by tenesmus.

Though very doubtful of the child's recovery I put him upon the following treatment:

Copper arsenite comp., one-third tablet every three hours; powders containing one grain each of sodium bicarbonate, bismuth subnitrate and salol, one every three hours; Fowler's solution, one-half drop three times a day. Waugh's anodyne when needed. Every alternate feeding I ordered Eskay's food or bovinine in milk, or the juice of fresh lean beef, changing these about so that none of them might pall on his appetite.

To sustain the flagging nervous forces I ordered a cold bath every morning, followed by a brisk rubbing, and in order that the greatest amount of nutriment might be absorbed in the least time, I directed that he be given inunctions of olive oil twice daily.

After the first bath he was much less restless and in twenty-four hours a marked change for the better had taken place. After seventy-two hours the Waugh's anodyne tablets were hardly needed, as the cold baths kept his nerves quiet. His progress was steady and uninterrupted. After one week the blood entirely and permanently disappeared from the stools and these appeared more normal. At the end of three weeks he had gained remarkably in flesh and was able to walk about and play, and the bowel movements were entirely normal.

I left him on teaspoonful doses of egg emulsion of cod-liver oil thrice daily, and the same amount of bovinine given in milk.

At last reports his recovery was complete.

George B. Lake.

Wolcottville, Ind.

—:o:—

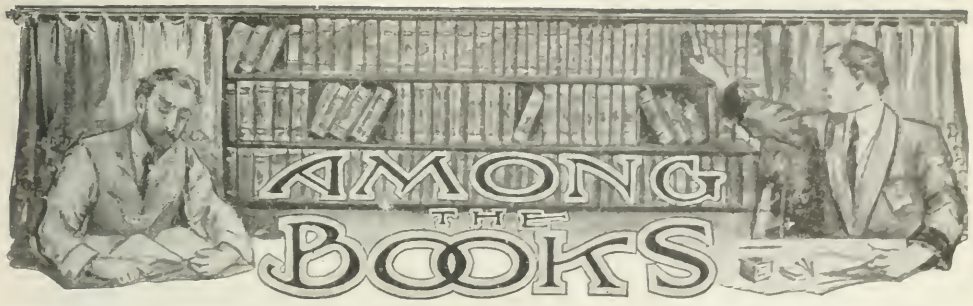
If this case is not a "curiosity" it certainly is curious enough, at least that part of it relating to the peculiar style of practice indulged in by "old Dr. S." You certainly were very fortunate in being able to pull the patient through. The condition was desperate enough to appall almost anyone.—Ed.

MACROTIN PROVES THE MOST EFFICIENT

I have specific tincture marcotys and also macrotin. Clinical experience has taught me that the macrotin relieves pain much better than the tincture.

J. E. L. Harbold.

La Grange. Ky.



SHOEMAKER'S "MATERIA MEDICA AND THERAPEUTICS"

Materia Medica and Therapeutics, with especial reference to the Clinical Application of Drugs. By John V. Shoemaker, M. D., LL. D. Sixth edition, thoroughly revised. Philadelphia: F. A. Davis Company, 1906. $5.

The first edition of this work appeared in 1889, and since that time the author has kept up with the advances of the times. This edition contains all official and nearly all non-official therapeutic means, for the last of which this work is distinguished; for, whether we adopt any method or do not, it is certainly best to know of it.

JASTROW'S "THE SUBCONSCIOUS"

By Joseph Jastrow, of the University of Wisconsin. Boston and New York: Houghton, Mifflin & Company. 1906. $2.50. (Postage 17 cents extra).

If the writer of these lines is not mistaken the entire dogma of the subconscious mind was first propounded by Edward von Hartmann in his "Philosophie des Unbewussten," especially in the chapter treating on Instinct. When I read the late Hudson's work on this subject I expected to find Hartmann referred to, but did not. The theory of a double mind is plausible, because it accounts for certain phenomena in the way the poet Grillparzer said: "We explain a rare, uncommon and not understood phenomenon by a less rarely occurring and also not understood phenomenon." The theory of the subconscious bids fair to become a dogma by which some people are ready to swear while yet not knowing all the bearings of it. In this respect Jastrow has done an excellent service with his book now before us. His frequent use of the term "awareness," his illustrations by examples from real life, as well as his engaging style, make the book pleasantly instructive, and we rise from the reading of it with a satisfied feeling that we have a somewhat better understanding of the subject.

STONEY'S "MATERIA MEDICA FOR NURSES"

Practical Materia Medica for Nurses, with an appendix of poisons and antidotes, weights and measures, dose-list, etc., etc. By Emily A. M. Stoney. Third thoroughly revised edition. Philadelphia: W. B. Saunders Company. 1905. $1.50.

A most excellent book for the purposes for which it is designed.

MENDEL'S "PSYCHIATRY"

Psychiatry: A Psychological Study of Insanity, for Practitioners and Students. By Dr. E. Mendel of the Berlin University. Translated, edited and enlarged by Wm. C. Krauss, M. D., of the Buffalo State Insane Hospital. Publishers: F. A. Davis Company, Philadelphia, 1907. $2.

When a classification is made in any department of knowledge in a way which may in truth be called scientific, not in the often misused sense of that term, then we begin to know a good deal about it, that is, we know then just what it is that we do not know. For this purpose the book

before us is more valuable than a book of far larger dimensions. Insanity is on the increase in civilized communities, more knowledge of it is needed, and this book will prove a great help.

GULICK'S "EFFICIENT LIFE"

The Efficient Life. By Luther H. Gulick, M. D. New York: Doubleday, Page & Co. 1907. $1.20.

The book is full of good and corrective advice for just such people as can follow it—but do not. They could if the average American's disposition were to be satisfied with the position in which Providence had placed him or her. But the possibilities of "Excelsior" are so unbounded in America that men and women are betrayed by it unawares, and for such the wholesome suggestions of this book are well worded and well grounded. These are they who are *not* in the front firing line of the battle in the struggle of and for life. But there are many who are there, and their calling is for patient heroism.

SAUNDERS' "HAND-ATLAS OF DENTISTRY"

Saunders' Hand-Atlas and Text-Book of Dentistry, Including Diseases of the Mouth. By Gustav Preiswerk, M. D., Ph. D., of the University of Basel. Authorized translation from the German. Edited by Geo. W. Warren, A. M., D. D. S. Philadelphia and London: W. B. Saunders & Co. 1906. $3.50.

The books are fully peers of the other atlases of this series in profuseness of illustrations, colored as well as plain. The teaching of the book is thorough, practical and reliable. We think best to serve the reader by enumerating the subjects of the principal chapters of this excellent volume, namely: History, anatomy of the teeth, histology, physiology, bacteriology, diseases of the mouth, tumors of the oral cavity, dental deposits, defects of the teeth, treatment, technic of filling, pulp diseases, pathology, diagnosis, treatment, periodontitis, teeth extracting, anesthesia, preparation of the mouth for artificial teeth.

WELLS'S "MEDICAL PSYCHOLOGY"

Psychology Applied to Medicine. By David W. Wells, M. D., of the Boston University Medical School. Philadelphia: F. A. Davis Company. 1907. $1.50.

How much materialism has hindered and injured medical study and practice is becoming more and more apparent by the increasing spread of suggestion, hypnotism, mental healing, pseudo-Christian scientism, *et id omne genus*, at all of which the materialistically indoctrinated physician stands bluffed and blanked and defeated. And among the literary efforts to retrieve this practical failure in the medical profession this book is taking its place. The author is a thorough evolutionist, and adduces often that compound "theory of theories" to elucidate by it the psychic phenomena of life, without very striking success. In the opinion of many psychology and *materialism* are not congenial natural partners.

WHIPPLE'S "PRACTICAL HEALTH"

Practical Health. By Leander Edmund Whipple. New York: The Metaphysical Publishing Company. 1907. $1.50.

The author practises what he teaches, and teaches what he practises, with what success the writer of these lines cannot tell. And it is of no importance for him to know, for it is not his intention to pass here on the merits or demerits of Mr. Whipple's or anyone else's supernatural claims of healing disease, as embodied in this or any other book. What is here designed is to let the reader know what this little volume does teach, and for this purpose the enumeration of its chapters must suffice, for they mean all that they imply, inclusive of all the harsh animadversions against the medical profession as a whole, as follows: Thought action in sickness; thought action in health; specific image treatment; thought transference; folly of worry; value of calmness; usefulness of occult study; healing

methods; causative images; mental safeguards; nature of disease; remedies, how to use the mind; self-help, mental protection; man, nature and health; nervous nature of disease; emotion in sickness and in cure; self-control and health; curative thought; supremacy of mind.

A pre-Christ rabbi said, "Know thou what to answer the Epicurean!" Peter the Apostle turns this into "Sanctify the Lord God in your hearts, and be ready always with an answer to every man that asks you a reason of the hope that is in you." This is good advice for every educated physician to follow, and to do this it is very profitable to know what our worthy opponents have to say against us and our honest practice. It is from them that we learn our faults and so are helped in correcting ourselves.

WITTHAUS'S "MEDICAL JURISPRUDENCE AND TOXICOLOGY"

Medical Jurisprudence. Forensic Medicine and Toxicology. By R. A. Witthaus, M. D., and T. C. Becker, Esq. Vol 2. New York: William Wood & Co. 1907. $5.00.

This volume contains the consideration of wounds other than gunshot wounds; medico-legal relations of electricity; mechanical suffocation; death by submersion; determination of survivorship; abortion and infanticide; medical examination, when required by law; pregnancy, labor and puerperium; sexual incapacity; rape; unnatural crimes; railway injuries.

This one, like the previous volume, is meant for the physician, surgeon and lawyer, who will find the topics discussed in all their important bearings and probabilities.

HEWITT'S "ANESTHETICS"

Anesthetics and their Administration: A Text-Book for Medical and Dental Practitioners and Students. By W. Hewitt, M. A., M. D. Third Edition, with illustrations. New York and London: The Macmillan Company. 1907. $4.00.

The better-understood and more careful practice of antisepsis and asepsis enables the surgeon of today to prolong operations safely beyond that which was thought possible less than a decade ago. This entails the necessity of prolonged subjection of the patient to the influence of anesthetics. And we have waked up, as it were, to the importance and responsibility which the Providential gift of anesthetics had imposed upon us. And the outcome of it is the excellent book now before us, which should be the companion of every physician and surgeon. The book is instructive historically, pharmacologically, medically, and clinically as to the selection of the anesthetic, mode of administration, near and remote sequels, accidents, and selection of patient. The preface of this third edition dates from January, 1901, and this accounts for the absence of any record of the great boon of scopolamine-morphine and hyoscine-morphine-cactin narcosis, with which Providence has recently blest suffering mankind.

ABBOTT'S "PRINCIPLES OF BACTERIOLOGY"

The Principles of Bacteriology. By A. C. Abbott, M. D. Seventh edition, enlarged and revised. Published by Lea Brothers & Company, Philadelphia. $2.75.

This standard work improves with every edition, and it has become almost an indispensable auxiliary to the correlated works on medical practice. Really, we do not see how any physician in active practice can get along without "Abbott's Bacteriology."

JACKSON'S "SKIN DISEASES"

The Ready Reference Handbook of Diseases of the Skin. By George Thomas Jackson, M. D. Containing 91 illustrations, including three plates. Fifth edition, thoroughly revised. Published by Lea Brothers & Company, Philadelphia. $2.75.

This volume should be a favorite with every general practician. Most of us find the large and exhaustive works in this protean department of medicine *too* ex-

haustive for ready reference. This book is ideal in size and if the physician is familiar with its contents he can not greatly err in the management of the common diseases of this class which he is called upon to treat. In this edition Dr. Jackson keeps well abreast of the advances in dermatology. A most useful desk companion for the busy doctor.

McFARLAND'S "PATHOGENIC BACTERIA"

Pathogenic Bacteria: A Text-Book for Students and Physicians. By Joseph McFarland, M. D. 190 illustrations, many in colors. Fifth edition, thoroughly revised. Philadelphia and London: W. B. Saunders Company. 1906. $3.50.

By omitting from this edition all consideration of parasites, though more or less related to bacteriology, the author gained space for the instructive discussion of purely pathogenic bacteriology, which most concerns the physician, and that space was well utilized by him for presenting the accumulated knowledge and bringing the subject up to date. This volume, as were its predecessors, is a safe and sufficient guide to this great modern auxiliary of medical science.

MORROW'S "CARE OF THE INJURED"

The Immediate Care of the Injured. By Albert S. Morrow, A. B., M. D., of the New York Workhouse Hospital. Illustrated. Philadelphia and London: W. B. Saunders Company. 1906. $2.50.

This excellent volume, admirably conceived for its purpose, with 238 excellent illustrations, cannot be too warmly recommended. Our modern life is industrial; our industries at home, in the field and in the factory are carried on with efficient mechanical appliances and tools. It is no exaggeration to say that but few of our adult population may not be placed in a situation where they must render first help to an injured fellow-creature. To be able to do this is an accomplishment ardently to be desired by every man and woman. The book deserves to be a text-book in the higher graduating classes of our schools and colleges, literary as well as industrial.

WEBSTER'S "DISEASES OF WOMEN"

A Text-book of Diseases of Women. By Clarence Webster, B. A., M. D. (Edin.), of Rush Medical College, Chicago. Three hundred and seventy-two illustrations and ten colored plates. Philadelphia and London: W. B. Saunders Company. 1907. $7.

One of the author's endeavors in this volume is "to insist upon exercising caution in the adoption of therapeutic measures not yet thoroughly tested, especially of certain ones which have, in recent years, been recklessly advocated." He does not subscribe to Michelet's dogma, "*Le bassin c'est la femme*" (the pelvis is the woman), nor that the "remedial measures" for her diseases "are limited to different forms of mechanical procedure—from passing a sound to extirpating the appendages." In the sense of these invectives this grandly equipped volume promises to be of great service to true conservative gynecology. It is not written for the specialist alone but for the general practician as well, who may learn from it what cases he may or may not treat himself.

HILL'S "HISTOLOGY AND ORGANOGRAPHY"

A Manual of Normal Histology and Organography. By Chas. Hill, Ph. D., M. D., of the Northwestern University Medical School. Illustrated. Chicago, Philadelphia and London: W. B. Saunders Company. 1906. $2.00.

An excellent book, well conceived for the student to follow lectures and for the teacher to impress permanently his teaching on the student. And when so used the book will remain a friend in subsequent years of practice.

CONDENSED·QUERIES·ANSWERED

PLEASE NOTE!

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

QUERIES

QUERY 5281.—"Hematuria." A dentist had a second attack of hematuria two years ago, still continuing, subsiding with rest and care but recurring on the least dietetic or other imprudence. No tubercle bacilli or malarial evidences found in urine. Erigeron and turpentine failed. Visiting mountains caused improvement in strength and weight but hemorrhage continues. He continues at his work.

F. H. B., Iowa.

Tubercle, cancer, acute and progressive chronic maladies are excluded by the long course without apparent debility that is not removed by rest and change. The probabilities lie in varix and papilloma, with the latter improbable by reason of its more serious nature. But the cystoscope should make diagnosis. Hematuria that resists erigeron is rare. Give the man arbutin, gr. 1-6 seven times daily, gradually increasing to a grain at each dose and continuing for months. Must keep the bowels easy and avoid sexual intercourse and all exercises that congest the pelvis.—ED.

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QUERY 5282.—"Swelling of Penis." A farmer, 48, healthy, while lifting a heavy weight felt a sudden pain in both groins extending to the glans penis, which swelled to the size of a goose-egg, very red, with considerable fever for some days. Only relieved by cold water. Two years later a similar attack occurred while plowing, the swelling so great that the skin across the dorsal surface gave way. The organ remains the size of a large thumb, the prepuce swollen, no soreness or discharge, but he cannot work, ride, or copulate for these two years for intense pain on erection.

G. W. B., Texas.

Rupture of penile vessels. Circulation not restored to normal conditions. Steadily for a year wash away at the encumbrance with calx iodata seven grains a day and phytolaccin seven granules at bedtime, applying a rubber bandage to the swollen organ smoothly so as to support and compress it. Keep the rectum free from congesting masses, restrain his diet, and if sex appetite disturbs him treat with salicin by day and a full dose of gelseminine at bedtime, with a diet low in proteids to lessen appetite. It is a beautiful case to treat.—ED.

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QUERY 5283.—"Rosacea." I have a case of acne rosacea which has given me considerable trouble. Several doctors had the case, and if I cure it I will get several others in the town. I hope you can suggest the proper treatment.

J. W. S., Pennsylvania.

Nothing will give permanent relief in rosacea unless the bowels are kept clear and aseptic. Pardon me for saying this; I think you know it just as well as I do, and

also that arsenic sulphide pushed to the limit of endurance is pretty nearly a specific in rosacea.—Ed.

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Query 5284.—"Hyoscyamine and Hyoscine. Laxative for Infants: Castoria." I should like to know the difference in action between hyoscyamine amorphous and hyoscine hydrobromide. I have been using the latter with nice results. What advantage, if any, has the former preparation over the latter.

Also, would you kindly name a laxative for infants in the first three months of life other than castor oil and calomel? What is there on the market for the doctor to offset castoria? I dare say that in every house in this country where there is a baby there is a bottle of castoria—except in mine; and my wife says that she is going to buy a bottle!

J. L. W., Michigan.

Hyoscyamine and hyoscine hydrobromide are two very different drugs though both were discovered by Ladenburg in 1880. Hyoscine hydrobromide is particularly hypnotic, exercising a marvelous influence in mania; 1-120 to 1-60 of a grain may be given to insane patients; the sane individual, however, should rarely take more than 1-200 of a grain of hyoscine hydrobromide, though where great motor excitation exists, we give 1-100 of a grain at a single dose, and 1-50 of a grain has been given under such conditions. It is a remedy of extreme potency, while hyoscyamine amorphous is comparatively mild in its action. Hyoscyamine amorphous is about four times less potent than hyoscyamine crystal. Hyoscyamine, as you know, is isomeric with atropine, which it closely resembles in action. Hyoscyamine amorphous, gr. 1-250, is sedative, antispasmodic and very mildly hypnotic. If you want to post yourself thoroughly upon the action of these drugs read the excellent articles in "Alkaloidal Therapeutics." Hyoscyamine is the remedy for every-day use, hyoscine hydrobromide an emergency remedy, so to speak, or the drug of choice where marked sedation and somnolency are indicated.

Herewith we again publish the formula of an excellent laxative for infants. It is the one we prefer: Stone a pound of good prunes and an equal quantity of figs, to these add a pound of white sugar and two to four ounces of good Alexandria senna leaves. Place in a double enamel boiler two quarts of water and stew very slowly under cover until a thick syrup results. Strain, add water to make three pints (or you may add, with advantage, aromatic elixir, q. s.). Bottle and give of this one-half to one teaspoonful morning and night. In many years' practice we have used this preparation with excellent results. Bryonin, one granule, is an excellent remedy for extremely constipated children, one or two daily promptly producing normal peristalsis. This preparation will take the place of castoria. The formula of "castoria" is supposed to be: Senna, four drams; manna, one ounce; rochelle salt, one ounce; bruised fennel, 1 1-2 drams; boiling water, eight fluid ounces; sugar, eight ounces; oil of wintergreen, q. s. Pour the water on the ingredients, cover and macerate, add sugar, dissolve it by agitation and add flavor, to suit the taste.—Ed.

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Query 5285.—"Treatment of Corns and Bunions." A Corn Solvent: Kindly give a formula. Why not good for bunions as well as corns? How are bunions treated?

C. A. T., Kentucky.

Corn solvents are not useful for bunions. A bunion is an inflamed area; a corn is a callosity. The "dermal solvent" causes the callous skin to separate from the surrounding tissues and so it can finally be extracted as a "foreign body" after soaking the foot for some time in hot water. An inflamed corn and an infected corn must of course be treated according to the conditions present. A bunion is really an inflammation of the bursa serosa of the big toe. Carbenzol ointment or carbenzol with a little extract of opium and lanolin—say, carbenzol, 4 fluidrams; extract of opium, 15 grains; lanolin, 1-2 ounce—may be applied to relieve pain and inflammation The carbenzol ointment may have a littl

extract of opium added to it. When the inflammation has subsided and the thickened epidermis requires removal, the corn solvent may be used or you may apply salicylic acid, 15 grains to the ounce of lanolin, each night, then soak the foot in hot water and either cut off or pare off with pumice stone the callous skin.—Ed.

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Query 5286.—"The Tobacco Habit." I have a young man, 23 years old, who has used tobacco since he was fifteen years old. He chews mostly but can stop chewing if he smokes. He wants to be treated for and cured of the habit. His family history is good and his health is excellent. Can you help me?

J. G. W., Kansas.

The tobacco habit is not really a pathological condition and therefore is not to be treated itself; all we can do is to meet any abnormal conditions which may exist as a result of nicotine absorption and render tobacco obnoxious. *Will* is the main thing after all. We find it beneficial to keep the patient's mouth slightly dry with atropine valerianate, gr. 1-250 every three hours for a day or so, then at longer intervals. Give quassin, gr. 1-3; hydrastin, gr. 1-6; strychnine arsenate, gr. 1-67, half an hour prior to meals as bitter tonic and to tone the mucosa. Papayotin may be used after food to improve the digestion. Keep the bowel open with a saline draught each morning. In extremely nervous patients avenin, gr. 1-2 to 1; cactin, gr. 1-67, may be given three times daily; the heart is thus supported and nerve equilibrium restored. The patient should chew a piece of gentian root, licorice root or even gum. If a man really wishes to stop the use of tobacco he easily can do so in two weeks under the foregoing treatment.—Ed.

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Query 5287.—"To Break Down Adhesions." Here's one for you. Compound oblique fracture of lower part of the middle third of the femur. Infection and subsequent operation, wiring of parts and healing by granulation. This occurred 17 months ago and I have only partial motion of knee-joint after several attempts to break down adhesions. The "American Text-Book of Surgery" has practically nothing about same, neither Da Costa. Being exceptionally active on my feet before, this acts as a greater handicap than it might to someone else.

J. A. H., Illinois.

We suggest that you apply to the knee compresses wrung out of a saturated solution of magnesium sulphate, two ounces to the quart, adding ten drops of carbolic acid. Apply at night and cover with flannel and in the morning have somebody massage the joint and make passive movements, rubbing in at least half an ounce of codliver oil. Take gr. 1-3 of calx iodata midway between meals and arsenic iodide gr. 1-67 after meals for one week, skip a week and return to treatment. If this does not help you nothing that we are familiar with will. These cases as you know are usually rebellious to treatment. Work faithfully and at the end of a month let us know conditions. Don't overlook dry heat and vibration.—Ed.

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Query 5288.—"The Question of Aconitine Sufficiency." I was called on one Sunday to see a Mrs. S. and found she had had a chill on Wednesday, preceding. The day before she had been delirious and very delirious now, with temperature of 105°F. Right lung consolidated. She was put on the defervescents, and the temperature came down to normal on Monday; consciousness returning in four hours after her first dose of defervescents.

During her lactation periods (being mother of five children) her hands and feet always tingle, especially when there is a febrile movement. Have treated the family for years and do not remember ever finding her skin dry. She is quite a sufferer from throat trouble, hence the tingling characteristic of aconitine was present before even aconitine was given. How can one estimate aconitine sufficiency under such marked conditions?

Two more cases and I am through: Babe, nine months old, nursing at breast of the mother when she had had pneumonia developed capillary bronchitis; seven days after

I was called to see Mrs. Smith. This child carried a temperature of 105°F., and over, for nine days. She was on the defervescent granule (aconitine, digitalin, veratrine) two granules in twenty-four teaspoons water, a spoonful every fifteen minutes day and night during nine days. I never could bring the temperature down. Used epsom salt, two tablespoons to quart of hot water, for hot chest poultice every thirty minutes day and night; bowels completely emptied, no odor, hence no intestinal antiseptic used. Baby well and hearty fourteen days after first attack.

Calcidin, emetine, apomorphine, etc., all pushed to effect as indicated. What was my criterion for the physiological action of aconitine in this case to be sure she got plenty of it?

Again: Babe eighteen months old, similar history, similar treatment; used three granules each of aconitine, digitalin and veratrine in twenty-four teaspoonfuls water, a teaspoonful every fifteen minutes day and night. Poultice as before. Bowels emptied completely, and as there was odor, intestinal antiseptics were used. This babe carried a rectal temperature not less than 105°F., and almost continually 106.5°F., for fourteen days. Baby well at end of three weeks, but very weak. At the end of seven days babe showed signs of difficult deglutition. Aconitine stopped for four hours, baths used but to no effect; was afraid to put little fellow in cold water. What should be my criterion for the use of aconitine in this case?

H., Nebraska.

It is of course a difficult matter to tell just when aconitine enough has been exhibited where the patient has personal peculiarities such as you describe. The mere tingling of throat and buccal mucosa in such a case would not mean "sufficiency," neither, of course, would the moist skin. However it is rare indeed for the skin to be moist in the early stages of pneumonia. In instances of this kind we must give only as much of the drug as we know from experience to be *safe* and at the same time keep a sharp eye open for symptoms of aconitine poisoning. The dilated pupil, pain in abdomen (burning or griping), relaxed muscles and a feeling of numbness and chilliness—all or any of these would mean *stop aconitine.* However, in pneumonia and acute infections generally most people will stand fairly large doses of aconitine—gr. 1-134 may safely be given hourly for eight or ten doses; if in that time therapeutic effects have not been secured it would be wise to stop the drug.

Often the dosimetric trinity may be exhibited with advantage from the first—or the defervescent compound granule may prove preferable. Here the presence of digitalin serves to counteract the depressing effect of aconitine and the veratrine markedly aids in securing defervescence. Indeed, it might be well in a case where very marked idiosyncrasy existed to omit aconitine entirely and use veratrine, with perhaps eupurpurin and bryonin. Of course the aconitine might be exhibited in a capsule, so avoiding local absorption; in this way you would not have to consider the throat lesions at all. Solutions of aconitine always produce tingling and numbness of the buccal mucosa quite early.

In the second case we should have depended upon hydrotherapy to a great extent, while full doses of calcium sulphide and nuclein would have aided you, we think, in reducing the toxemia and the temperature. We might also have given small repeated doses of quinine under the circumstances. *If aconitine, digitalin and veratrine (exhibited to a patient whose bowel has been emptied) do not reduce the temperature, when given in full doses for twenty-four hours, then these drugs are not "the remedies of choice"* and you must look over your patient more carefully and meet pathological conditions with the *right* remedies. Guaiacol locally applied, the wet-pack and enemata, with calcium sulphide and nuclein, would probably have turned the tide early. Quinine per rectum or by inunction might have been added with good results.

The same remarks apply in case No. 3. We have in aconitine a marvellously potent and generally efficient remedial agent, but it will not meet every indication, neither will

it always act as we would wish it to, not from any fault of the drug but because peculiar pathological conditions exist calling distinctly for other therapeutic measures. In some cases a few doses of acetanilid and quinine (guarded with cactin) will reduce a high temperature and allow the further use of the defervescents. But if we maintain elimination—intestinal, renal and dermal—and secure partial intestinal asepsis, stimulating phagocytic activity meanwhile and supporting the patient's vitality, we shall rarely find temperature persisting long. If we do we have either localized infection or a profound general toxemia and our measures must be taken according to the condition we know to exist. Inunctions of unguentum Credé or intravenous injections of colloidal silver, the exhibition of echinacea, gelsemin, quinine, etc., the use of enemata of normal saline solutions and the wet-pack —all these and other remedial measures will have to be considered, and the right ones utilized.—Ed.

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Query 5289.—"Epididymitis and Prostatitis." August, 1903, patient contracted gonorrhea. Six weeks later a doctor cured it with six treatments, using an irrigator and a "red solution." A little later the right testicle became much swollen, giving trouble for some weeks; swelling finally subsided, all discharge stopped, and he thought he was cured. Three months later he began to have bloody seminal emissions at night. This kept up for two months (but not every night), the testes being slightly swollen and continually painful.

The semen was as thin as water, red, quantity very greatly diminished; the bloody appearance gradually disappeared, and the discharge of semen became thicker. At this time another physician was making deep injections of protargol. He after a time gave up this treatment and used ointments on the scrotum with little benefit; said "time and nature would cure him," saying he thought probably the young man had chronic epididymitis with some prostatic trouble. At present the dull pain in the testicles keeps up continually, and they are enlarged to about double their normal size; glands in groin are slightly enlarged. There is no discharge now of any kind, occasional seminal emission when asleep. The gonorrheal discharge never at any time caused any pain, only caused slight irritant action when urinating. Passes milky urine occasionally. Emissions now clear and very thin, like water; very nervous and insomnia present; weight about normal; appetite fairly good. Bowels slightly constipated. Age 33 years. Has followed indoor work (bookkeeping). Nervous temperament, mental worry about to get the best of him, melancholy, fears he may commit some rash act. Will you give me your opinion of this case and diagnosis, prognosis and the treatment as you would carry it out.

R. A. P., Kentucky.

The case you describe is a serious one and we very much fear that this man will be unable to leave posterity. It is, indeed, questionable whether you will be able to reestablish a normal testicular condition. That you have had an epididymitis, together with prostatic involvement, is evident. Loss of function frequently follows this condition, especially when the trouble is of gonorrheal origin. Obliteration of the lumen of the convoluted tube has probably occurred and the fluid ejected is of course devoid of spermatozoa. The prostatic discharge may be abundant. If your patient is tubercular, abscesses may form or malignant changes may take place. The time for really effective treatment has now passed.

Mercurial ointments may be applied and the faradic current tried. Calx iodata and arsenic iodide may also be given for some time, with anemonin. Salines, hot local baths of epsom salt solution and instillations into the deep urethra of thymol iodide in oily solution will suggest themselves. Induration under such treatment may disappear and the testes functionate once more. Encourage your patient and push nuclein, giving also for "nervousness" avenin and cypripedin—six granules each

three times a day. Every third night insert one of the prostatic suppositories.—Ed.

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Query 5290.—"Intestinal Obstruction." I wish to ask about a case which I have just lost.

Was called to see Mr. K., who was suffering with most severe "cramps" in the stomach I have ever seen; perfectly well till two hours before. Meals had consisted of salted herring, fried ham, bread, potatoes and beer. To relieve pain he took some "liniment" internally. When I got there I gave two granules atropine and two of chlorodyne. These failing to give relief I gave him hypodermically one hypnotic tablet. As pain did not cease I gave 1-2 grain morphine hypodermically. Pain stopped soon after. The abdominal walls were lax. I searched all over abdomen, paying particular attention to liver and appendix, and the only tender spot was in the pit of the stomach. Respiration, pulse and temperature were normal. When I left he was sleeping. Bowels had moved in the morning.

At 10:00 o'clock on the following morning I was telephoned for to hurry back. When I arrived, at 12, I found him complaining of some pain; abdomen greatly distended, but only sore over stomach; pulse 85, temperature 99.6°F., respiration 40. I gave another hypnotic tablet, and pain was all gone in ten minutes. I got him in a knee-chest position and gave one gallon of hot saline solution per rectum. He seemed drowsy, so I put him to bed and told attendant to apply hot turpentine stupes and gave internally one intestinal antiseptic tablet every hour; also aconitine, digitalin and strychnine; told his people that I did not like the looks of the patient and would be back at 9 p. m. At 4:30 p. m. a brother-in-law came in and felt of his pulse and sent for me to hurry back. I was on a case and did not get there until 6:45 p. m. I found respiration 40, no pulse at the wrist, temperature 102.6°F., heart irregular, pupils normal, no pain whatever. He had vomited considerably, and had passed some dark urine; no bowel movement. I injected 1-100 grain glonoin, repeated it at 6:15, and at 6:45 gave glonoin 1-40, cactin and atropine. At 7:15 I repeated the dose, and called for another doctor at 7:30. I questioned the children more thoroughly and found he had taken four or five teaspoonfuls of liniment in sweetened water every twenty to thirty minutes on the night before sending for me. My consultant arrived at 9 p. m., looked the patient over thoroughly and gave his opinion that he was suffering severe shock due to abdominal lesion or poison; he suggested that I also give digitalin in connection with glonoin. Patient had now lapsed into a semicomatose condition; could be aroused only with difficulty. Hypos were kept up all night every hour.

At about 4 p. m. he regained his senses and continued sensible until 11:30 a. m. In fact, he made his will at 10 a. m. At 10:30 a. m. cyanosis commenced in the fingers, he complained of difficult breathing, which was partially controlled by atropine hypos. He told me he had no pain whatever. His respiration was between 40 and 50 all the time. He died at 2:30 p. m. We called in a very old doctor about two hours before death. He also gave the opinion that the trouble was shock, due to poisoning or abdominal rupture. Altogether, I gave this man two hypnotic tablets, 1-2 grain morphine sulphate and the heart tonics. What was it that killed him? I have tried to learn the ingredients of the liniment, but have not succeeded so far. A peculiarity about this case was that his feet remained quite warm until well toward the last; but as cyanosis crept up his hands and arms all below would get almost as cold as ice. Movements were unimpaired. Have used hypnotic tablets in confinement cases with good results.

A. M. F., Wisconsin.

It is a pity that an autopsy was not held. There was probably intestinal obstruction, though you ought to have been able to distinguish that condition if it existed. This man received such a conglomeration of drugs, Doctor, that it would be absurd to attempt to answer your question "what

killed him?" The condition present would be the only rational answer. High enemata in a knee-chest position, washing out the stomach, and if necessary, distension of the gut with air might have proved alleviative, as might also high enemata of olive oil. As it was, he received, according to your communication, morphine, chlorodyne, atropine, hyoscine, morphine and cactin, glonoin, more glonoin, cactin, atropine, digitalin, together with several teaspoonfuls of an unknown liniment, more atropine with, doubtless, other medication. Hence you can see how impossible it would be to tell which drug of the whole series had a pronounced effect. It is a peculiar case and we greatly regret the lack of autopsy Acute obstruction is evident, but the peculiar combination or herring, beer, fried ham and potatoes with more beer might easily set up ptomaine poisoning. It is a pity that you did not first of all wash out both stomach and intestines and then exhibit full doses of either saline or castor oil. Apomorphine might have been given as a first step.—Ed.

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Query 5291.—"Uncinariasis." In this portion of the South we have a great many cases due to uncinaria, or hookworm, and although we have in thymol a sure anthelmintic for this particular species of worm, at the same time we never know when a case of fatal poisoning will result from its use, therefore we cannot hold out to this class of patients that hope of relief which we otherwise could if we had a safe and sure remedy for this trouble. Now, Doctor, if you know of a reliable and safe remedy for this ailment, let us have it.

M. T. C., Alabama.

We do not believe that there *is* a better remedy than thymol for the hookworm. Upon going over the latest text-books we find a tendency to ignore entirely other remedies and lay stress upon the efficacy of thymol, which is safe if properly used. A light diet should be given for two or three days, then one-half dram of thymol is exhibited, and two hours later a similar quantity of the drug is given, while two hours after that a full saline draught should be taken. This treatment may be repeated in a week and again in two weeks or as long as Charcot-Leyden crystals appear in the stool, or eggs can be found. Care should be taken not to give ether, chloroform, alcohol or castor oil to any patient taking thymol, as toxic symptoms may promptly develop. As a matter of fact, we believe a good preparation of male-fern quite equals thymol in efficacy.—Ed.

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Query 5292.—"Epilepsy or Cerebral Lesion?" I have a very interesting case in which I should appreciate your advice. The patient is a male, age 28, married, German-Irish descent, druggist. History: Health was excellent up to about four years ago when, while walking along the street with a friend, he suddenly became blind and dropped against the building but did not lose consciousness. In a minute's time it was all over and he walked on down the street as before. About a year later he had a similar attack. His health was not changed in the least. However, about two years ago he was found in his store unconscious and alone; the room was very warm and the weather sultry, his breathing was uneven and temperature below normal. He was taken home and remained unconscious for forty-eight hours.

After this attack he could not stand very much exertion without "playing out," as he says. He was married about two weeks before this attack. About one year after the above attack, while riding on a train, he began talking at random and in a short time was unconscious, and was taken to the hospital. His temperature was found below normal; he remained unconscious for twenty-four hours and then got up with an unusual appetite, and feeling fine, as he thought, he got out too soon, took a long walk (for a sick man), and that evening he was returned to the hospital, where he remained unconscious for about thirty hours.

Since this attack he has been unable to stand any exertion whatever without, as he says, playing out in the knees. He is up and around, his appetite is excellent,

bowels move every day. During these attacks the usual remedies were used, his bowels were cleaned out, and bromides were given. Now, if you will give me your diagnosis, prognosis and treatment it will certainly be appreciated. It will be a year next August since his last attack. Is this epilepsy? If so, can it be cured?

R. C. H., Indiana.

We have given this case very careful consideration, but we could not offer a diagnosis without a much clearer conception of conditions than we are able to gather from the description. The reflexes must be tested, urine examined, the heart-sounds noted, and special attention paid to circulatory conditions. This may be a form of epilepsy; on the other hand, there may be some distinct cardiac or cerebral lesion. Collect the twenty-four-hours urine and send a four-ounce specimen for examination—stating total amount passed. Test the pupil for accommodation, etc., note patellar reflex, and carefully auscultate the thorax. See if there is anything abnormal about the ears or throat. Has there been any decrease in weight? Is there any possibility of venereal taint? Give us all the light possible and in the meantime read the article on epilepsy and its treatment which appeared in the February (1906) CLINICAL MEDICINE. In the meantime eliminate, improve nutrition and increase output of urea. Do not use bromides.—ED.

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QUERY 5293.—"Solubility of Digitalin—Shaller's Rule." Would you kindly tell me whether digitalin is soluble in water, and also whether "Shaller's aconitine rule" is to be followed in the administration of this remedy?

R. W. H., Canada.

Digitalin is soluble in water, although somewhat slowly. A few drops of alcohol may be used to dissolve the digitalin granules and the required amount of water may then be added.

The "aconitine rule" applies to most potent alkaloids, but really is intended as a "safety line," so to speak, for the somewhat timid or inexperienced alkaloidist. There is no fixed rule, except "*small dose oft repeated, to effect—remedial or physiological.*" However, for young children, infants, etc., you may give one granule for each year of the child's age, adding twelve teaspoonfuls of water, and of this give one-half to one teaspoonful half-hourly or hourly, as the case may be. Where small dose at frequent intervals is not required, and medication is given at three- or four-hourly intervals, the granule may usually be taken as representing the smallest known-to-be-effective dose for the adult, and in nine cases out of ten, therefore, it will be about the right active dose for a child over five. The writer does not hesitate to give in severe cases of disease a half or a fourth granule of aconitine to a child a year old, repeating the dose in thirty minutes or an hour. Doctor, the only thing is to get familiar with the action of your medication and give *to effect.* Read the "Primer" in the "Alkaloidal Digest." You will find much there of helpfulness and interest.—ED.

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QUERY 5294.—"Sublamine and Other Antiseptics." What do you think of sublamine? Have you any antiseptic as good?

L. S. S., Iowa.

Sublamine is unquestionably satisfactory, but the ordinary mercury bichloride and tartaric acid tablet has always given us satisfaction. Of course in these days we are prone to select *the* antiseptic for the occasion, and in the great majority of instances a creolin solution or carbolic acid solution will prove preferable to anything else. When we want to destroy bacteria we wash with etherial soap, paint the area with pure oil of turpentine and then wash off thoroughly with alcohol. You can obtain a sterile skin by this means in two to three minutes. This is an excellent method before making primary incisions, etc. If you want to see an old ulcer heal up or an abscess close try pure oil of turpentine on gauze, after cleaning out thoroughly, of course, with peroxide of hydrogen and a warm boric acid solution.—ED.

A Proverb—Up To Date.—Shut your mouth and open your eyes, and you'll need nothing to make you wise.—*Cynic's Calendar.*

Chronic Cystitis.—A case of chronic cystitis of many years' standing found great relief in santonin gr. 1-10 every two hours.—Watkins, *E. M. J.*

Zinc Cyanide.—On the other side of the pond they are claiming that zinc cyanide surpasses hydrocyanic acid in irritable coughs.—*Medical Council.*

Obstetric Quiz.—*The Lancet-Clinic* has opened an obstetric quiz department, under the charge of William Gillespie. The opening number is promising.

Painful Urination.—When frequent urgent calls to urinate are the only symptom, gelsemium in small doses usually relieves the patient in a few hours.—Watkins, *E. M. J.*

Gonorrheal Arthritis.—A peculiar and common symptom is pain in the heel and plantar fascia, where the internal plantar nerve pierces the fascia.—Green, *Ecl. Med. Journal.*

Carbon Dioxide Retention.—Under certain chronic diseases, heart affections, apoplexy and other cases of sudden death we may find carbon dioxide retention.—Stern, *Med. Record.*

Medical Summary.—Do you see Andrews' journal these days? Lots of good stuff in it—practical and helpful right straight through. Write for a copy to 2321 Park Ave., Philadelphia.

Origin of Pneumonia.—Experiments by Calmette and others indicate the origin of pneumonia by the entrance of food contaminated with its germs into the stomach.—*La Presse Medicale.*

The Ailing Baby.—H. C. Buck (*Med. Era*) gives a notable case wherein an ailing baby was speedily relieved when the mother's bowels had been emptied and she had taken a good tonic for a week.

Intoxication—Disease?—The time will arrive when it will have been definitely settled that intoxication is a local or general disease, and that general disease is a local or general intoxication.—Lewin.

Physician's Business.—The physician's business is to carry on the battle against disease, and to use the means, whether official or not, which will give the victory to his patient.—Leverett, *Texas Med. Jour.*

Well Worthy of Study.—In *The Clinique* for June, Dienst gives his reasons for not studying the materia medica, which though aimed from a homeopathic standpoint are well worth considering from any standpoint.

Alkaloidal Anesthetics.—Many alkaloidal and other active principles seem to possess local anesthetic properties. Koreski enumerates among these strophanthin, digitalin, adonidin and helleborein.—*Med. Council.*

Medicinal Plants.—*The Pacific Pharmacist* is publishing a series of papers on the cultivation of Medicinal Plants in California, by Dr. Albert Schneider, to which we commend our readers for valuable information.

Etidorhpa.—Discussing Lloyd's "Etidorhpa," Vogeler remarked: "Through it all runs a cry for absolute freedom of thought in the realms of science, even as science has demanded this birthright of every man for itself."

National Formulary.—In Meyer Bros. Druggist McKee relates entertainingly the troubles he had when he tried to find druggists who had the third edition, National Formulary, and could fill its prescriptions. They all had the proprietaries.

The Deadly Parallel.—"Why should a druggist push his own-make specialties? Because he knows what is in them."—*The Apothecary.* Why should the doctor dispense his own prescriptions? Because he knows—Hold on there, that's another story.

Cathartics.—Our best reason for giving calomel and vegetable cathartics consists in the effect of emptying the alimentary tract of all accumulations and on the principle that nature abhors a vacuum our patients' secretory organs set to work to supply the deficiency.—F. M. Brougher, *Miss. Med. Mo.*

Quacks and Nostrum Venders.—An energetic movement is being made in Austria against the quacks and nostrum vendors. The people who advertise are requested to step up and show their authority to practise medicine, the exact composition of their remedies, and defend the assertions made as to remedial powers. Nature curers are

especially under inspection. Thinly disguised abortionists are collared, and the newspapers forbidden to publish unlawful and lying ads. The courts take the sensible view that men must not practise medicine even by advertisement unless legally qualified.

Stillingin.—Ellingwood gives specific indications—irritation of mucosa of bronchi, larynx and throat, membranes dry, glistening, red and tumid; blood dyscrasia with weakness, and skin diseases moist, red and irritable. A granule may be given every half hour till relief. Best in hot water.

Heroic Dosage.—Do you consider yourself a heroic doser? Lloyd has unearthed from a work dating from 1775 this advice in treating yaws: "When the disease seems to be at a stand, give calomel so as to excite a salivation, to the quantity of a pound and a half in 24 hours."—*Ecl. Med. Jour.*

Copper Salts.—*The Medical Council* calls attention to the recent investigations of copper salts, as confirming the claims of those who have advocated copper arsenite as a remedy in various microbic gastrointestinal maladies. This is now shown to be exceedingly active as a germicide, in minute doses.

The American Woman.—Corry, in *The Texas Courier-Record of Medicine* remarks that in no other country does woman occupy a loftier position than in the United States, and then gives the correct reason—the moral and intellectual superiority of the American woman. Amen, with all our hearts.

Infection Following Tooth Extraction.—In the *Mobile M. & S. Journal* A. J. Coley reports a very interesting case of aerogenes capsulatus infection, following the removal of a tooth loosened by pyorrhea. The known causation of pyorrhea may point also to that of the infection, at least as to making it possible.

Professors of Pediatrics.—The Association of American Teachers of Diseases of Children was organized at Atlantic City June 3, embracing among its membership teachers of pediatrics from all over the United States. The first president is Dr. Samuel W. Kelley of Cleveland and the secretary is Dr. John C. Cook of Chicago.

A New Point in Amputation.—The flap was handled with unusual satisfaction, as under the H-M-C anesthesia complete muscular relaxation is not attained, and as a result the parts are more nearly in the condition which comes later when retraction occurs, so that due allowance can be made at the time of operation, and tension on the stump is avoided.—F. R. Underwood, in *Northwest Medicine.*

"God Made the Country."—Here is what a city child of the slums said the first day he spent in the country: "Gee! this is purty—talk erbout 'nother Heaven, t'wouldn't be the like of this 'un, if a feller'd get there. I don't run no chance. I-m goin' to stay where I'm poot, you kin recken on that." If this appeals to you, send the Salvation Army a contribution specifically to be used in this branch of its work.

The Medical Examiners.—The eighth annual meeting of the American Association of Medical Examiners was held at Hotel Chalfone, Atlantic City, June 3-4. Good attendance, good program. Membership is made up of medical examiners for life insurance, and it has an ably edited organ, *The Medical Examiner and Practitioner* of New York. If you are interested in this field—and who is not—better send for a copy. The new president is G. H. Harbaugh of Philadelphia.

Interstate Medical Journal.—*The Interstate Medical Journal* announces the purchase of *The St. Louis Courier of Medicine*, one of the oldest medical journals in the west, and its consolidation with the *Interstate* on July 1. *The Courier* was founded in 1879 and has always commanded a large following, which added to the strength of the *Interstate* will add prestige to that already powerful medical periodical. This is the fourth medical journal that has been purchased and absorbed by the *Interstate* during recent years.

Just Plain Booze.—From *Collier's* we learn that the New York State Excise Department has prosecuted druggists for selling peruna without a saloon-keeper's license. It was put up to the jury to decide whether peruna was a medicine or just plain booze, and the jury decided that it was booze. Consequently it comes under the excise law exactly as any other brand of whisky should. Whether Dr. Hartman sells more or less peruna than he did before the agitation is an interesting question. The main thing is that people who now buy it do so knowingly, and thanks to *Collier's* there is less danger of people becoming drunkards while under the impression they are taking a useful remedy.

A Temperance Bureau.—A society was organized in Boston, Mass., under the state laws with power to receive donations and legacies, and hold real estate with this title, Scientific Temperance Federation. Its object is to create and conduct a Bureau where every book, phamphlet, paper and statistical data concerning the alcoholic problem and its relation to insanity, drug taking and allied topics can be gathered and put on file for examination and study. It proposes to solicit from authors copies of everything written on the alcohol and drug problem and have a file of every journal and book on this subject. The secretary will be able to furnish a summary or abstract of everything that is written on this topic to all writers and persons who wish to make studies in this field. Already a large collection has been made and as the Bureau is not a society but simply a storage library and clearing house for all literature on this subject it appeals to every person who would like to have exact data in this new field. Dr. T. D. Crothers, of Hartford, Conn., is chairman of the board of directors and Miss C. F. Stoddard is secretary. Her address is 23 Trull Street, Boston, Mass., to whom all inquiries should be addressed.

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